

PENTAGON FEDERAL CREDIT UNION (PENFED) SIGNATURE CARD

Open Secondary Share Account Upda

Update Share Account No.*	Update Share	Account No.*		
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For new memberships, please fill out a Pentagon Federal Credit Union Me 1. MEMBER INFORMATION (all fields must be presented to the presented of the presented		<i>,</i>	xisuing account, please conta	ici us at 800-247-3626 for removal p	aperwork
Member Name (First, MI, Last):					
Date of Birth (MM/DD/YYYY):		Full SSN/ITIN:		Check	k if ITIN
Mailing Address:		I			
Physical Address (If different than mailing):					
Physical Address Description (If you do not have a physical	cal address, provide a descrip	tion of your physical location):			
Day Phone:	Evening Phone:		Cell Phone:		
Email Address:					
To avoid paying a \$1.00 fee for mailed statements, p confirm your e-statement option.)	lease sign me up for FREE e	-statement notifications. (You	will receive an email co	onfirmation with instructions	to
2. OWNERSHIP DESIGNATION (if no selection is	made, your account will	be individual)			
Individual: Upon your death, the account passes as	s part of your estate under you	ur will, trust, or by intestacy. If	selected, do not compl	lete the joint ownership sect	ion.
Joint Account with Survivorship: Upon the death of	of a party having ownership in	the account, the deceased's o	wnership passes to the	surviving party(ies) of the ac	ccount.
Joint Account without Survivorship: Upon the de- estate under the decedent's will, trust, or by intestac	ath of a party having ownersh y.	ip in the account, the decease	ed's ownership is consi	dered part of the decedent's	3
Joint Owner's Name (First, MI, Last):					
Full SSN/ITIN:	Check if ITIN	Date of Birth (MM/DD/YYYY):		
Physical Address:					
Physical Address Description (If you do not have a physic	ical address, provide a descri	otion of your physical location)	:		
Joint Owner's Signature:					
Joint Owner's Name (First, MI, Last):					
Full SSN/ITIN:	Check if ITIN	Date of Birth (MM/DD/YYYY):		
Physical Address:					
Physical Address Description (If you do not have a physic	ical address, provide a descri	otion of your physical location)	:		
Joint Owner's Signature:					
(If joint owner is not a U.S. resident, please complete form Beneficiary Designation: Upon death of all owners		the following:			
Printed Name (First, MI, Last)		Physical Address		Full SSN	%
					+
I/we have read the attached Membership and Joint Account Agre I/we authorize PenFed to obtain a credit report to determine my/s shown on this form is my/our correct taxpayer identification or (b) I/we have not been notified by the Internal Revenue S the IRS has notified me/us I/we am/are no longer subject to b U.S. resident alien). The Internal Revenue Service does not in	our eligibility for this account or ot n number; and 2) I/we am/are no ervice (IRS) that I/we am/are su packup withholding (cross out t	her financial services I/we may re ot subject to backup withholdin bject to backup withholding as this section if you are subject to	quest. Under penalties on g because (a) I/we am/a a result of a failure to re withholding); and 3) I/v	of perjury, I/we certify: 1) the r re exempt from backup withh eport all interest or dividends we am/are a U.S. person (incli	number olding, s, or (c) uding a

I/We have read the attached account agreements and agree to comply with all its terms and conditions.

Signature: Date:	
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MEMBERSHIP AGREEMENT

The words "I," "me," "my," "myself" mean each person signing the Membership Application/ Signature Card including anyone who has access to the account(s).

- 1. I understand this account shall be governed by the Code of Virginia, federal laws, National Credit Union Administration (NCUA) Rules and Regulations, and the bylaws and policies and procedures of the credit union and amendments thereto. This account shall be subject to other terms and conditions which are subject to change upon notice to me.
- 2. I agree PenFed has the right pursuant to its statutory lien, and I give my express consent to enable PenFed to charge against a balance in my PenFed accounts, including accounts on which I am a joint owner, to include otherwise statutorily protected funds that may not otherwise be available by legal process, to liquidate PenFed indebtedness owed by me or a person who is listed as a joint owner on my accounts with PenFed, including a deceased joint owner. This provision does not include my IRA account or other accounts for which his provision is not permitted under Internal Revenue Code. PenFed may take such action without further notice to me or a joint owner. In regard to those funds having a statutory protection, I understand I may withdraw my express consent for PenFed to apply such funds to pay such indebtedness by notifying PenFed in writing. If my consent is withdrawn, PenFed may, in its sole discretion, terminate services I have with the credit union.
- 3. I expressly authorize PenFed to procure upon its request from a person, partnership, credit reporting agency, association, firm, or corporation a credit report, and for such person to furnish PenFed with said credit report concerning financial services I may request or obtain from PenFed as well as subsequent re-evaluation of such financial services.
- 4. If I have caused PenFed to incur a loss due to my activities, or if accounts at PenFed are maintained by me in a manner PenFed, in its sole discretion, deems contrary to sound financial practice, I agree PenFed may terminate all accounts or services which I may receive from PenFed with the exception of my Regular Share Account.
- 5. I understand if all my shares in PenFed are withdrawn, my membership in PenFed may be terminated. Funds in my accounts will be subject to collection through normal banking channels and PenFed's hold policy.

- 6. I agree my share accounts are not transferable except on the records of PenFed.
- 7. I agree payment of money in the account on the written instructions of an authorized person excuses PenFed of further legal obligation regarding the proceeds of the transaction. I agree to indemnify and hold PenFed harmless from suits or liability, directly or indirectly, resulting from the handling of the account consistent with the written instructions of an authorized person. PenFed may refuse to honor my instruction if it is unclear or the signature appears not to be authentic.
- 8. Financial services provided by PenFed may be used for any transaction permitted by law. I agree illegal use of financial services will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated in PenFed's discretion. I further agree, should illegal use occur, to waive rights to sue PenFed for such illegal use or activity directly or indirectly related to it. I agree to indemnify and hold PenFed harmless from suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

9. JOINT SHARE ACCOUNT AGREEMENT:

If my accounts, either now or in the future, are established as a joint account, PenFed is authorized to recognize all of the joint owner signatures for the payment of funds or for transactions for this account. The joint owners of this account agree with each other and with PenFed that all funds deposited into the account shall be owned jointly by all joint owners. The funds on deposit will be subject to the withdrawal or receipt of all joint owners. In the event of death of an owner and according to the type of joint share account selected, withdrawal or payment may also be made to the survivor(s) or the estate(s) of the deceased owner(s). Each joint owner will discharge PenFed from liability for the payment or withdrawal. A joint owner who is a PenFed member may pledge all or part of the shares in this account as collateral security for a loan or loans, and PenFed is authorized to charge against this account indebtedness owing to it by each of the joint owners.

Please note: Joint ownership does not constitute membership.

This account shall be governed by the Code of Virginia, federal laws, rules and regulations, and the bylaws of PenFed and amendments thereto.

PenFed is federally insured by the National Credit Union Administration (NCUA). The information in this form is current as of April 2018 and is subject to change. To determine if changes have occurred since printing, call 800-247-5626. Our address, in accordance with NY Law, is 2930 Eisenhower Avenue, Alexandria, VA 22314.