



MEMBERSHIP APPLICATION/SIGNATURE CARD FOR ORGANIZATIONAL ACCOUNTS

- ☐ New Membership & Share Account ☐ Open Secondary Share Account
☐ Update Share Account Information - Account Number: _____
A minimum \$5 opening deposit is required to open an account. If applying by mail, please include a check.

Eligibility of Organization for PenFed Membership

PenFed does not allow business accounts. If you are unsure if your organization qualifies for membership, please call 800-247-5626.

- Member of: ☐ ASMC ☐ CGAuxA ☐ MOAA ☐ NAUS ☐ VFW ☐ ROA ☐ Navy League ☐ USAWOA ☐ Other: _____
- ☐ Organization is a federal credit union.
- ☐ Letter attached with explanation of how all members of the organization meet PenFed's membership requirements.

Organization Information

Name of Organization: _____

TIN: _____ Phone Number: _____

Mailing Address: _____

Physical Address (if different from mailing): _____

Email Address: _____

- ☐ To avoid paying a fee for mailed statements, please sign me up for FREE e-statement notifications.
(You will receive an email confirmation with instructions to confirm your e-statement option)

Date Organization Established: _____ Country of Organization: _____

Organization's Primary Purpose: _____

NAICS: _____ Nature of Organization: _____

Products/Services Offered by Organization: _____

In what locations/regions does the Organization provide service?

<input type="checkbox"/> VA (Local)	<input type="checkbox"/> VA (Statewide)	<input type="checkbox"/> VA & Surrounding State(s) including DC
<input type="checkbox"/> Northeast	<input type="checkbox"/> Midwest	<input type="checkbox"/> South <input type="checkbox"/> West
<input type="checkbox"/> North America	<input type="checkbox"/> International	

Does the Organization conduct international business? ☐ Yes ☐ No

Does the Organization have any non-US offices? ☐ Yes ☐ No

Does the Organization use the internet to receive or send information that could be used to place bets or facilitate in any way the placing of bets (internet gambling)? ☐ Yes ☐ No

Does the Organization provide any of the following services?

Check Cashing Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currency Exchange Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Transfer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stored Value Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travelers Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Virtual Currency Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Transfer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the Organization own, operate, or service ATMs? ☐ Yes ☐ No

Transaction Activity for PenFed Account

How much of the opening deposit is cash? ☐ less than \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000 or Greater

What will be the primary ongoing source of funding?

- ☐ Organization Operations ☐ Investments ☐ Govt. Funding/Retirement/Disability ☐ Rental Property
☐ Payroll/Employment ☐ Inheritance/Gift ☐ Other _____

Funds Source (Name of Bank): _____ Funds Description: _____

Expected average amount of monthly cash **deposits** to all PenFed accounts
(e.g., ATM check deposits, direct deposits, balance transfers, etc.)

☐ None

☐ \$10,001 - \$75,000

☐ \$1 - \$10,000

☐ Greater than \$75,000

Expected average amount of monthly cash **withdrawals** from all PenFed accounts
(e.g., ATM check deposits, direct deposits, balance transfers, etc.)

☐ None

☐ \$10,001 - \$75,000

☐ \$1 - \$10,000

☐ Greater than \$75,000

Typical Wire Transfer Activity for PenFed Account

Does the Organization send or receive international wire transfers? ☐ Yes ☐ No

Sending Countries:

Receiving Countries:

What is the primary purpose of the wire transfers?

☐ Charitable Donation

☐ Loan Payment/Payoff

☐ Educational Assistance/Tuition

☐ Transfer to Financial Institution

☐ Investment

☐ Organization Funding

☐ Purchase of Goods/Supplies

☐ Shipping/Exporting of Goods

☐ Real Estate Transaction

☐ Other:

What is the primary relationship between sender and beneficiary?

☐ Organization Associate

☐ Educational Institution

☐ Investment/Insurance Agent

☐ Lender/Settlement Agent

☐ Financial Institution

☐ Charitable Donation

☐ Vendor/Seller of Merchandise

☐ Shipping/Exporting Company

☐ Other:

Amount of recurring **incoming** wire transfers: ☐ None ☐ \$1 - \$100,000 ☐ Greater than \$100,001
(domestic and international combined on a monthly basis)

Amount of recurring **outgoing** wire transfers: ☐ None ☐ \$1 - \$100,000 ☐ Greater than \$100,001
(domestic and international combined on a monthly basis)

Typical ACH Activity

Does the Organization originate or receive **domestic** ACH activity? ☐ Yes ☐ No

Does the Organization originate or receive **international** ACH activity? ☐ Yes ☐ No

Sending Countries:

Receiving Countries:

What is the primary purpose of the **incoming** ACH domestic/international activity?

☐ Bill Payments

☐ Payroll

☐ Organization Payments

☐ PayPal

☐ Investments

☐ Purchases

☐ Organization Related Transfers

☐ Government Benefits

☐ Tax returns

☐ Consolidation of Funds

What is the primary purpose of the **outgoing** ACH domestic/international activity?

☐ Bill Payments

☐ Payroll

☐ Organization Payments

☐ PayPal

☐ Investments

☐ Purchases

☐ Organization Related Transfers

☐ Government Benefits

☐ Tax returns

☐ Consolidation of Funds

Amount of recurring **incoming** ACH Activity (on a monthly basis): ☐ None ☐ \$1 - \$75,000 ☐ Greater than \$75,001

Amount of recurring **outgoing** ACH Activity (on a monthly basis): ☐ None ☐ \$1 - \$75,000 ☐ Greater than \$75,001

Agreement

I/we have read the attached Membership and Joint Account Agreement and, if accepted, I/we agree to comply with these terms and any amendments thereto, and to subscribe to at least one share. I/we authorize PenFed to obtain a credit report to determine my/our eligibility for this account or other financial services I/we may request. Under penalties of perjury, I/we certify: 1) the number shown on this form is my/our correct taxpayer identification number; and 2) I/we am/are not subject to backup withholding because (a) I/we am/are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us I/we am/are no longer subject to backup withholding (cross out this section if you are subject to withholding); and 3) I/we am/are a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below, I/We acknowledge that I/we have read the attached account agreements and agree to comply with all its terms and conditions.

X

Authorized Signer

X

Authorized Signer

X

Authorized Signer

X

Authorized Signer

X

Authorized Signer

X

Authorized Signer

I the undersigned, hereby certify to Pentagon Federal Credit Union (hereinafter referred to as PenFed) that at a meeting of the _____ (insert Executive Committee, Board of Directors, or other appropriate authoritative body) of the _____ (full legal name of organization) whose mailing address is _____, duly called and held on _____, 20____, the following resolutions were duly adopted. I further certify the resolutions are in conformity with the bylaws of the said Organization and are in full force and effect.

RESOLVED, PenFed is hereby designated as depository of this Organization and the share accounts, or such other accounts that may be available at the time of this Resolution, or in the future, may be opened and maintained in the name of the Organization; and specific account agreements will be necessary for each individual account.

FURTHER RESOLVED, the funds of this Organization may be deposited to and withdrawn from accounts held for this Organization by PenFed subject to rules and regulations as promulgated by the National Credit Union Administration and the bylaws of PenFed.

FURTHER RESOLVED, any one of the following officers* of this Organization (If additional room is needed for signers, please see next page):

1. Full Name (First, MI, Last): _____ Title: _____
Physical Address: _____ DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN ☒ Signature: X
2. Full Name (First, MI, Last): _____ Title: _____
Physical Address: _____ DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN ☐ Signature: X
3. Full Name (First, MI, Last): _____ Title: _____
Physical Address: _____ DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN ☐ Signature: X

is hereby authorized on behalf of this Organization and in its name to open other share, share draft, share certificate, or other similar accounts with PenFed in the name of the Organization, and sign specific PenFed account agreements for such accounts; to make deposits and withdrawals from any such accounts, and as such to endorse checks, notes, bills, share certificates, or other instruments owned or held by this Organization for deposit in said account, or for collection or discount by PenFed; to waive demand, protest, notice of protest, or dishonor of any check, note, bill draft, or other instrument made, drawn or endorsed by this Organization; and to sign checks, drafts, withdrawal slips, vouchers or other orders for the withdrawal of money from any account held for its benefit; and

FURTHER RESOLVED, any one of the persons listed above is further authorized to act as the agent of this Organization to vote by mail ballot in the annual election of officials of PenFed; and

FURTHER RESOLVED, PenFed is authorized to honor, receive or pay all instruments signed in accordance with this document even though drawn or endorsed or directed to be made payable to the order of any officer signing the same or tendered for cashing, or in payment of the individual obligation of such officer, or for deposit to their personal account; and PenFed shall not be required, or be under any obligation, to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with this document, or the application or disposition of such instrument, or the proceeds thereof; and

FURTHER RESOLVED, any checks, drafts, notes or other instruments of any kind payable to or belonging to this Organization may be endorsed by any of its officers, employees, or agents and deposited with PenFed for the credit and use of this Organization, and that said endorsements may be made in writing or by a stamp and without designation of the person so endorsing; and

FURTHER RESOLVED, any one of the persons listed above is authorized to act as agent and on behalf of the Organization to borrow funds as permitted by law, and as such sign any and all applications, promissory notes, security agreements, loan account agreements, and other such loan documentation PenFed may require, subject to any limitations established by PenFed, and to pledge shares to secure such loans; and

FURTHER RESOLVED, any one of the persons listed above is authorized to initiate transfers between account(s) on which the requestor is listed as an account owner or authorized signer; and such transfers may be initiated by telephone, in person, fax, email, or other methods permitted by PenFed; and

FURTHER RESOLVED, the secretary shall certify to PenFed the names of the presently duly elected and qualified officers of this Organization and shall from time to time hereafter as changes in the personnel of said offices are made, immediately certify such changes to PenFed, and PenFed shall be fully protected in relying on such certifications of the secretary, and shall be indemnified and saved harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the signatures of any officer so certified, or refusing to honor any signature not so certified; and

FURTHER RESOLVED, the secretary is authorized and directed to certify to PenFed the foregoing resolutions and the provisions thereof are in conformity with the charter and bylaws of this Organization; and

FURTHER RESOLVED, the provisions of this document shall remain in full force and effect until written notice of their amendment or rescission is received by PenFed, and the receipt of such notice shall not affect any action taken by PenFed prior thereto.

CERTIFICATION – Under penalties of perjury, I certify that:

- 1) The number shown on this form is the correct taxpayer identification number, and
- 2) This Organization is not subject to backup withholding either because it has not been notified by the Internal Revenue Service (IRS) it is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified the Organization it is no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payments other than interest and dividends).

CERTIFICATION INSTRUCTIONS – You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of said organization this _____ day of _____, 20_____

Please Sign Here	Employer Identification No. _____ (____) _____ (____) _____ (Day Phone) (Evening Phone)
	Signature _____ Title _____ Date _____ (*If the Secretary is authorized above to sign checks, etc., this document must be executed by another officer, with title indicated.)

Please check appropriate box: This is a ☐ for profit organization ☐ not-for-profit organization.

Additional room for signers (if required):

1. Full Name (First, MI, Last): _____	Title: _____
Physical Address: _____	DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN <input type="checkbox"/>	Signature: <u>X</u>
2. Full Name (First, MI, Last): _____	Title: _____
Physical Address: _____	DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN <input type="checkbox"/>	Signature: <u>X</u>
3. Full Name (First, MI, Last): _____	Title: _____
Physical Address: _____	DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN <input type="checkbox"/>	Signature: <u>X</u>
4. Full Name (First, MI, Last): _____	Title: _____
Physical Address: _____	DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN <input type="checkbox"/>	Signature: <u>X</u>
5. Full Name (First, MI, Last): _____	Title: _____
Physical Address: _____	DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN <input type="checkbox"/>	Signature: <u>X</u>
6. Full Name (First, MI, Last): _____	Title: _____
Physical Address: _____	DOB (MM/DD/YYYY): _____
Full SSN/ITIN: _____ Check if ITIN <input type="checkbox"/>	Signature: <u>X</u>



(Please proceed with the form below if you are a legal entity)

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. General Instructions

What is this form?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 10 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to six individuals (i.e., one individual under section (ii) and seven 10 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. Certification of Beneficial Owner(s)

A. Name and title of natural person opening account: _____

B. Name and address of legal entity opening account: _____

C. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or more of the equity interests of the legal entity listed above:

1. Name: _____ % of Shares: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

US Person SSN/ITIN: _____ Check if ITIN Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

2. Name: _____ % of Shares: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

US Person SSN/ITIN: _____ Check if ITIN Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

3. Name: _____ % of Shares: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

US Person SSN/ITIN: _____ Check if ITIN Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

4. Name: _____ % of Shares: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

US Person SSN/ITIN: _____ Check if ITIN Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

5. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

6. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

7. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

8. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

9. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

10. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

(If no individual meets this definition, please write "Not Applicable".)

D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or

Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section C. above may also be listed in this section D.)

1. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

2. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

3. Name: _____ % of Shares: _____ Date of Birth: _____
 Address (Residential or Business Street Address): _____
 US Person SSN/ITIN: _____ Check if ITIN ☐ Foreign Person - Passport No. & Country of Issuance or similar Identification No.: _____

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

Name Printed: _____

*In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Legal Entity Identifier: _____ (Optional)



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 that 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 any amendments thereto. This account shall be subject to other terms and conditions which are subject to change upon notice to me.
2. I agree that PenFed has the right pursuant to its statutory lien and further, I give my express consent to enable PenFed to charge against any balance in any of my PenFed accounts, including accounts on which I am a joint owner, to include any otherwise statutorily protected funds that may not otherwise be available by legal process, to liquidate any PenFed indebtedness, owed by me or any 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 any other account for which this provision is not permitted under Internal Revenue Code. PenFed may take such action without further notice to me or any joint owner. In regard to those funds that have a statutory protection I understand that I may withdraw my express consent for PenFed to apply such funds to pay any such indebtedness by notifying PenFed in writing. If my consent is withdrawn, PenFed may in its sole discretion terminate any and all services that I have with the credit union.
3. I expressly authorize PenFed to procure upon its request from any person, partnership, credit reporting agency, association, firm, or corporation a credit report and for such person to furnish PenFed with said credit report concerning any financial service I may request or obtain from PenFed as well as any subsequent re-evaluation of any such financial service.
4. If I have caused PenFed to incur any loss due to my activities, or if any account at PenFed is maintained by me in a manner that PenFed, in its sole discretion, deems contrary to sound financial practice, I agree that PenFed may terminate all accounts or services which I may receive from PenFed with the exception of my Regular Share account.
5. I understand that 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 that my share accounts are not transferable except on the records of PenFed.
7. I agree that payment of money in the account on the written instructions of any authorized person excuses PenFed of any further legal obligation regarding the proceeds of the transaction. I agree to indemnify and hold PenFed harmless from any suits or liability, directly or indirectly, resulting from the handling of the account consistent with the written instructions of any authorized person. PenFed may refuse to honor my instruction if it is unclear or the signature appears not to be authentic.
8. Any financial service provided by PenFed may be used for any transaction permitted by law. I agree that illegal use of any financial service 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 any right to sue PenFed for such illegal use or any activity directly or indirectly related to it and additionally I agree to indemnify and hold PenFed harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use.

JOINT SHARE ACCOUNT AGREEMENT

If any of my accounts, either now or in the future are established as a joint account, PenFed is authorized to recognize any one of the joint owner signatures for the payment of funds or for any transaction 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 any joint owner. 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 any 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 at any time against this account any indebtedness owing to it by any 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 any amendments thereto.

TRANSACTION LIMITATIONS

PenFed reserves the right to require at least seven (7) days notice prior to withdrawal or transfer of funds from this account. There is no limit to the number of PenFed or foreign ATM withdrawals I may make from this account. However, federal Regulation D limits the following to no more than a total of 6 per monthly dividend cycle: transfers or withdrawals made to another PenFed account (other than for the purpose of repaying a PenFed loan and associated expenses) if made by preauthorized or automatic transfer, by telephone or fax, or via PenFed Online (PFOL) or the mobile application; transfers or withdrawals to a third party if made by preauthorized or automatic transfers, by telephone or fax, or via PFOL; or transfers to a third party if made by check, draft, or similar order made by me and payable to a third party. If I exceed these limitations my account will be subject to an excessive transaction fee and may be closed. Note: There is no ATM access for the Premium Online Savings account.

PenFed is federally insured by the National Credit Union Administration (NCUA). The information in this form is current as of June 2020 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 7940 Jones Branch Drive, Tysons, VA 22102.

IMPORTANT: PLEASE READ AND RETAIN FOR YOUR RECORDS