

This holiday season, give a lifetime gift...

The Gift of Membership

Complete the “To” and “From” lines on the Gift of Membership Certificate. Mail the certificate, a check or money order made payable to PenFed for your gift amount, and the Membership Application, to the one you wish to have a Pentagon Federal Credit Union account.

The recipient of your gift will in turn complete the Membership Application and return it with your gift check or money order to any local branch or mail them to:
PenFed, Attention: Membership, PO Box 70046, Springfield, OR 97475

The recipient will keep the Membership/Joint Share Account Agreements for their records.

Note: These instructions are repeated on the certificate.



GIFT OF MEMBERSHIP CERTIFICATE

For a lifetime of financial benefits, I hereby give the gift of Pentagon Federal Credit Union membership to:

My initial gift deposit will open your Regular Share (savings) account, which in turn will open the door to a lifetime of Pentagon Federal Credit Union benefits. No matter where you go in life, Pentagon Federal Credit Union is there, 24 hours a day, seven days a week. With warmest regards,

800-247-5626



PenFed.org

Instructions:

For the Giver: Complete the "To" and "From" lines of the Gift of Membership Certificate above. Mail your certificate, a check or money order made payable to PenFed for your gift amount, and the Membership Application to the one you wish to have an account.

For the Receiver: Complete the enclosed Membership Application and return with your gift check or money order to any local branch or mail them to: Pentagon Federal Credit Union, Attn.: Membership, PO Box 70046, Springfield, OR 97475. Please keep the Membership Agreement for your records.

PENFED MEMBERSHIP APPLICATION

Printed Full Name: _____ Social Security Number: _____

Date of Birth: _____ E-mail Address: _____

Mailing Address (Street/City/State/Zip): _____

Day Phone: _____ Evening Phone: _____

Physical Address (Street/City/State/Zip): _____

Employer Name: _____ Job Title/Rank: _____ Not Employed Student

So that I may avoid paying a 50¢ fee for mailed paper statements, please sign me up for FREE e-statement notification (see panel at right).

ELIGIBILITY

Currently employed with or retired from: Air Force Army Coast Guard Marines Navy DoD DHS

Reserve or National Guard Other: _____ Grade/Rank: _____

Member of: ASMC CGAuxA COA MARINE CORPS LEAGUE MOAA NAUS NAVY LEAGUE ROA SAME USAWOA

Other _____

Family Member: Name: _____ Relationship: _____ Social Security Number: _____

American Red Cross: Volunteer Employee

None of the above:

JOINT OWNERSHIP/BENEFICIARY (OPTIONAL)

None: Individual ownership. On your death, ownership of the account passes as a part of your estate under your will, trust, or by intestacy.

Joint Account with Survivorship: On the death of a party of the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

Joint Account without Survivorship: On the death of a party of the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

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

▶ Printed Full Name: _____ Social Security Number: _____ Date of Birth: _____

Physical Address (Street/City/State/Zip): _____

Joint Owner Signature: _____ Member Signature: _____

BENEFICIARY DESIGNATION

If more than one beneficiary is named, all beneficiaries will have an equal share. Upon death of all owners, this account shall be payable to:

▶ Printed Full Name: _____ Social Security Number: _____ Date of Birth: _____

Physical Address (Street/City/State/Zip): _____

SIGNATURE

Signature: _____ Date: _____

I hereby make application for membership in the Pentagon Federal Credit Union (PenFed). I have read the attached Membership and Joint Account Agreement and, if accepted, I agree to comply with these terms and any amendments thereto, and to subscribe to at least one share. I authorize Pentagon Federal Credit Union to obtain a credit report to determine my eligibility for this account or other financial services I may request.

Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number; and 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (cross out this sec-

tion if you are subject to withholding); 3) I am 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.

Office Use
Date Processed: _____ HOGAN ID: _____
Member Number: _____ Branch Opened: _____
Membership Officer Verification: _____

Type of ID: _____ Expiration Date: _____
Place of Issuance: _____ Date of Issuance: _____
ID Number: _____

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).

- 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.
- 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.
- 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.
- 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.
- 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.
- I agree that my share accounts are not transferable except on the records of PenFed.
- 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.
- 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.
- If any of my accounts, either now or in the future are established as a joint account, PenFed is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid on shares, by any or all of the said joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s)—according to the type of joint share account selected, as evidenced by the signatures subscribed hereto—shall be valid and discharge said credit union from any liability for such payment. A joint owner who is a PenFed member may pledge all or part of the shares in a joint 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.

IMPORTANT: PLEASE DETACH MEMBERSHIP AGREEMENT AND RETAIN FOR YOUR RECORDS

10/2012