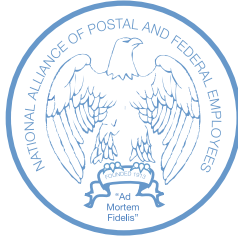


National Alliance of Postal and Federal Employees

NAPFE FEDERAL CREDIT UNION
1628 11TH ST. N.W., WASHINGTON, D.C. 20001-5086



Tel. 202-939-6325
Fax 202-939-6330

Dear

Date

Thank you for your interest in joining the NAPFE Federal Credit Union. The basic information you need to join the Credit Union is as follows:

1. Only members of the NAPFE Labor Union, their dependent family members and employees of the NAPFE are eligible to apply for membership in the NAPFE Federal Credit Union.
2. You must open your account with at least \$30.00, and maintain a minimum share balance of \$30.00 in your Share Account at all times.
3. Dividends are paid based on the number of shares owned and the annual earnings of the Credit Union.
4. All share withdrawal requests must be 1) Over the counter (with proper I.D.); 2) In writing, bearing the signature of the owner of the account; 3) Via FAX transmission, also bearing the signature of the owner of the account. (NOTE: NO TELEPHONE CALL WITHDRAWALS).
5. NAPFE Federal Credit Union offers the following services: Christmas Savings Club, Vacation Savings Club and Preferred Share Accounts.
6. You must be a member of the NAPFE Federal Credit Union for ninety (90) days before you qualify to apply for any type of Loan.

Management
NAPFE Federal Credit Union

Web: www.napfe.com

E-Mail: NAPFEFCU@napfe.org

DESIGNATION OF BENEFICIARY

This designation shall only be effective when delivered and filed with the Credit Union duly executed by an insured member and during the lifetime of the beneficiary designated.

Account Number

Date

I, _____, being a member of the

NAPFE FEDERAL CREDIT UNION

do hereby designate _____; relationship, if any,

(BENEFICIARY)

of

NUMBER

STREET OR ROUTE

CITY

STATE

as my beneficiary, if living, to receive any and all sums of money paid under and by virtue of the terms and conditions of the Life Insurance Contract, Life Savings Plans of the CUNA Mutual Insurance Society to the said Credit Union. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent Designation of Beneficiary form shall constitute a change of beneficiary. Payment of proceeds to a designated beneficiary determined by the Credit Union as entitled to such proceeds under said Contract shall discharge the Credit Union from any and all liability to the extent of such payment.

WITNESS

SIGNATURE OF MEMBER

ACCT. NO.

(TO BE FILLED IN BY TREASURER)

I hereby make application for membership in the NAPFE FEDERAL CREDIT UNION and agree to conform to the By-Laws or any amendments thereof.

Signature

Print Name:

Sex: M F

Address:

City:

State:

Zip:

Home Phone: ()

Work No. ()

Date of Birth:

Soc. Sec. No.

Department or Agency

Address:

City:

State:

Zip:

Husband's First Name or Wife's Maiden Name:

Local No.

Spouse Soc. Sec. No.

Membership Eligibility (Check One):
(Membership Shares valued at \$30.00)

Union Member

Auxiliary Member

Union Emp.

No. of Shares:

Amount:

DO NOT WRITE BELOW THIS LINE

Application Approved By:

Date:

Title: