



# NATIONAL ALLIANCE OF POSTAL AND FEDERAL EMPLOYEES

1640 11<sup>TH</sup> St NW • Washington, DC 20001

## MEMBER APPLICATION (Must be mailed back to the Credit Union. NO faxed copies accepted)

### MEMBER INFORMATION (please print) Do not start your allotment until you have joined the credit union and given your NAPFE Credit Union account number.

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 \_\_\_\_\_

Full Name (First/Middle/Last): M \_\_ F\_\_ \_\_\_\_\_

Residential Street Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different, PO Box, etc.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work No. \_\_\_\_\_ ext: \_\_\_\_\_

Date of Birth: Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ . SSN. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dri Lic./ Gov't Issued No. \_\_\_\_\_ State Issued: \_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(please attach a copy of driver's license, passport, or gov't issued ID, this is MANDATORY to open your account)**

Department or Agency \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z \_\_\_\_\_

Local No. \_\_\_\_\_ Local Dues \_\_\_\_\_ Email \_\_\_\_\_

Membership Eligibility: Check one. \_\_\_\_ Union Member; \_\_\_\_ Auxiliary Member; \_\_\_\_ Union Employee

**Membership Shares: \$10.00 (Please send check or money order payable to NAPFE FCU with application)**

\*Account Security: Create a password for telephone identification purposes \_\_\_\_\_ \*

Referred by: \_\_\_\_\_

**\*This Application is to join the Credit Union Only. You must fill out union membership application also to join the labor union.**

DO NOT WRITE BELOW THIS LINE

Application Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

OFAC Check \_\_ Yes \_\_ No Acct. No. \_\_\_\_\_



**JOINT OWNER INFORMATION (please print)**

Signature \_\_\_\_\_

Print Full Name (First/Middle/Last): M \_\_ F\_\_ \_\_\_\_\_

Residential Street Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different, PO Box, etc.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work No. \_\_\_\_\_ ext: \_\_\_\_\_

Date of Birth: Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ . SSN. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dri Lic./ Gov't Issued No. \_\_\_\_\_ State Issued: \_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(please attach a copy of driver's license or gov't issued ID, this is **MANDATORY** to open your account)

\*Account Security: Create a password for telephone identification purposes \_\_\_\_\_\*

**DESIGNATION OF BENEFICIARY (please print)**

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

Date \_\_\_\_\_

I, \_\_\_\_\_, being a member of the **NAPFE FEDERAL CREDIT UNION**  
(TYPE OR PRINT YOUR NAME)

do hereby designate \_\_\_\_\_; relationship, if any \_\_\_\_\_, of  
(BENEFICIARY)

\_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

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 Plan 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 (DO NOT PRINT)



**AUTHORIZATION FOR AUTOMATIC DUES DEDUCTION**

**BY NATIONAL ALLIANCE OF POSTAL & FEDERAL EMPLOYEES**

Name of Credit Union \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

As a convenience to me, I hereby request and authorize the **NAPFE Federal Credit Union** to deduct my monthly dues and pay to the Order of the **National Alliance of Postal and Federal Employees** the same in payment of my union dues.

This is to be done provided there are sufficient collected funds in said account to cover such payments. This authority is to remain in effect until revoked by me in writing and until such notice is actually received.

Name of Customer \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_



## APPLICATION FOR DEPENDENTS OF MEMBERS ONLY

### PLEASE PRINT

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Related to \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ District No. \_\_\_\_\_ Local No. \_\_\_\_\_

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 of Applicant or Parent (if minor) \_\_\_\_\_

Amount \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE

Application Approved by: \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

# **USA Patriot Act Notice**

## **USA Patriot Act Notice**

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT OR FOR A REQUEST FOR CREDIT**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each individual or business that opens an account or request credit.

What this means for individuals:

When an individual opens an account, or request credit, we will ask for their name, address, date of birth, Social Security number and other information that allows us to identify them. We may also ask to see their driver's license or other identifying documents.

What it means for businesses:

When a business opens an account or requests credit, we will ask for the business name, business address, Employer identification Number, and other information that allows us to identify the business and signatories. We may also ask to see other identifying documents showing existence of the business.

### **USA PATRIOT ACT, SECTION 326**