

NEW MEMBER APPLICATION

CREDIT UNION USE ONLY

Acct# _____
Telecheck# _____
Date of Membership _____
Processed by _____

For new members only: To join, please complete this membership application and return it with a photocopy of social security card, a valid driver's license and an initial minimum deposit of \$30 (includes one-time membership fee of \$5) to Duke University FCU, 2200 West Main St, Suite L100, Durham, NC 27705. Please DO NOT mail cash.

PERSONAL INFORMATION

Full Name _____ Birth Date _____

Social Security# _____

Driver's License# _____ State _____ Issue Date _____ Exp. Date _____

Mailing Address _____

City _____ State _____ Zip _____ Years There _____

Permanent Address _____

City _____ State _____ Zip _____ Years There _____

Home# _____ Work# _____ Cell# _____

Email Address _____ Mother's Maiden Name _____

Member Type (check one) _____

Employee Duke Student Family Member Spouse Child

Department _____ Family Member Name _____

Location _____ Family Member Account# _____

Duke Unique ID# _____

Retired Employee Retirement Date _____ Last Department _____

Alumni Graduation Date _____

U.S. Person or U.S. Resident Alien (check one) Yes No (if no provide W-8 BEN)

Joint Account Information

Joint(G.S. 54-109.58): We do do not elect to create the right of survivorship in this account.
We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed the withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Full Name _____ Birth Date _____

Social Security# _____

Driver's License# _____ State _____ Issue Date _____ Exp. Date _____

Mailing Address _____

City _____ State _____ Zip _____ Years There _____

Home# _____ Work# _____ Cell# _____

Email Address _____

Mother's Maiden Name _____

Relationship to primary account holder _____

DUFCU Signature Services: Check which account(s) and/or services you are requesting.

ACCOUNTS:

- Share Savings Account*: Required for each member
- Prime Checking: Free with Direct Deposit or \$2500 balance in loans or deposits
- Regular Checking: \$5.00 monthly maintenance fee, No minimum balance
- ATM/Debit Card: access to checking/savings accounts
- Overdraft Line of Credit**- requires loan application
- Money Market

SERVICES:

- Direct Deposit - Duke Univ/Duke Health Employees ONLY. Setup via Duke@Work
- Payroll Deduction - Duke Univ/Duke Health Employees ONLY. Duke Payroll form required.
- Internet Account Access
- Audio Express

Beneficiary for Payable on Death (P.O.D.)

P.O.D. (**Payable on Death**) **ACCOUNT AGREEMENT:** I/We agree with the Credit Union that the person(s) named below is/are designated as P.O.D. payee(s). Upon my death (the death of the last survivor of us), all such funds shall be owned and payment shall be made at the request of any surviving P.O.D. payee(s). The names listed below are to be used for all my Credit Union accounts except IRAs.

P.O.D. Payee's Full Name _____

Street Address _____

City/State/Zip _____

P.O.D. Payee's Full Name _____

Street Address _____

City/State/Zip _____

UTTA/UGMA (as custodian for (minor) under the Uniform Transfers/Gifts to Minors Act. TIN/SSN _____

TIN Certification & Backup Withholding Information

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item (2) above if you have been notified by the IRS that you are currently subject to withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete a W-8 BEN if you are not a U.S. person.

Authorization

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. If a joint account is requested, we agree to the survivorship designation in this application. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Valid identification is required to open accounts. Mail applicants should attach:

- a photocopy of social security card **and**
- a photocopy of one of the following photo IDs: valid Driver's License, Passport, Duke Employee ID or State Issued ID.

(For joint accounts, ensure joint information is completed) **Primary and joint account owners must both sign. Missing information may delay processing.** The credit union reserves the right to refuse this form if our verbiage has been altered. See Truth in Savings Disclosure booklet for a complete list of fees and disclosures.

*To avoid the \$3 monthly fee, one of these qualifications needs to be met – have a loan, direct deposit, \$100 in average compensating balances in savings or be under the age of 25.

** Upon credit approval.

BSA Member Due Diligence Questionnaire

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 person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Are you a high ranking foreign political figure? Yes No

If yes, indicate the *country* and the office you hold.

Are you a close associate or family member of a high ranking foreign political figure? Yes No

If yes, indicate your relationship to them, the county, and the office they hold.

Employment Status Employed Duke Undergrad Unemployed Retired Minor

If employed, give your occupation and title.

Name of Business/Employer Duke University Duke University Medical Center

If neither of the above, please list employer.

Membership Eligibility Employee Duke Undergrad Family Member Retiree Alumni

Please provide name, contact information and account number of the Member to whom you are related. This will be verified before opening the account.