



East Baltimore Branch
2027 E. Monument St.
Baltimore, MD 21287

Homewood Branch
4 E. 33rd Street
Baltimore, MD 21218

Bayview Branch
5201 Alpha Commons Dr.
Baltimore, MD 21224

Eastern Branch
1101 E. 33rd Street, Room 303A
Baltimore, MD 21218

Mt. Washington Branch
McAuley Hall, Suite 100
5801 Smith Avenue
Baltimore, MD 21209

410-534-4500
or
1-800-JHFCU-70
(outside the Baltimore Metro Area Only)

Membership and Services Application and Agreement

*** All applications must include a photocopy of the Primary or Family Member's and Joint Owner's Johns Hopkins or affiliate Employee ID (if applicable) and a valid government-issued ID that contains the individual's signature, such as a Driver's License, State-issued ID, or Passport.**

Additionally, if You are a Johns Hopkins University student or Your Application is for a Student Share Draft Checking Account, You must also include a photocopy of Your College ID Card.

Credit Union Use Only

Account Number

New Account (Primary Member) New Account (Family Member) Changes/Additions to Current Account Name Change (include proof of name change)

Account Type(s):

New Member / Share Savings Share Draft Checking Student Share Draft Checking Holiday Club Money Market
 Custom Savings Education Savings - 3 Year Education Savings - 5 Year Other _____

Joint Account/Payable on Death

Unless You provide Us with direction to the contrary at the time You submit Your Membership Services Application & Agreement, upon the death of a party to the Account, the funds in the multiple-party Account shall belong to any surviving party or parties.

Joint Account with Survivorship

(On the death of a party to the Account, the deceased party's ownership in the Account passes to the surviving party or parties to the Account.)

Payable On Death

(On the death of the Accountholders, the deceased party(ies) ownership in the Account passes to the beneficiary (ies) Named below.)

Primary Member Information

(Mr., Ms, Mrs.)	First	M.I.	Last	Suffix
Home Address		City	State	Zip
Mailing Address (if different than home address)		City	State	Zip
Social Security Number		ID Type and ID Number	Issue Date/Exp. Date	Mother's Maiden Name
Home Telephone	Business Telephone	Extension	E-Mail Address	
Employer	Department	Occupation	Employment Date	
WORK LOCATION: <input type="checkbox"/> JH Medical Institutions <input type="checkbox"/> JH - Homewood <input type="checkbox"/> JH - Bayview <input type="checkbox"/> Other _____				
Were You previously a member of this Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are You a member of the Johns Hopkins Alumni Association? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are You a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have You been a Maryland resident for 5 years or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where did You reside previously? _____				

Joint Owner 1 Information

(Mr., Ms, Mrs.)	First	M.I.	Last	Suffix
Address		City	State	Zip
Social Security Number		ID Type and ID Number	Issue Date/Exp. Date	Mother's Maiden Name
Home Telephone	Business Telephone	Extension	Occupation	

Joint Owner 2 Information

(Mr., Ms, Mrs.)	First	M.I.	Last	Suffix
Address		City	State	Zip
Social Security Number		ID Type and ID Number	Issue Date/Exp. Date	Mother's Maiden Name
Home Telephone	Business Telephone	Extension	Occupation	

Family Membership Eligibility Statement

(This section must be completed when applying for membership through an eligible primary member.)

Primary Member's Name (Print)

Relationship to Applicant

Primary Member's Signature

Primary Member's Social Security Number

Payable-on-Death Account: If You would like to establish Your Account as a Payable-on-Death Account and You would like to designate beneficiary(ies), please fill in the appropriate section(s) below. The account owners reserve the right to change, or revoke, this designation at any time. **Please note that a separate "Payable-On-Death Designation" form may be required to be completed separately to substantiate Payable-On-Death status.** In the event of Your death, You, the undersigned, hereby designate the following beneficiary(ies):

Beneficiary 1 Name	Social Security Number
Beneficiary 2 Name	Social Security Number

Consent of Spouse

(If You live in a community property state, are married and beneficiary is other than spouse.)

Name of Spouse	Signature of Spouse	Date
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ATM Card/Visa Check Card/TeleBranch 24/Internet Branch

You are requesting the following products or services be established for You (all members automatically receive Our Internet Branch PC Account Access and TeleBranch 24 Telephone Account Access services): ATM Card Visa Check Card TeleBranch 24 Telephone Account Access

Primary Account Owner Joint Owner Internet Branch PC Account Access

Member's Initials _____

Membership Application Agreement

Whenever used in this Membership Application and Agreement, the words "You" and "Your" refer to the Primary Accountholder and any Joint Owners named in this Membership Application and Agreement. The words We, Us and Our mean Johns Hopkins Federal Credit Union. You understand with Your signature on this Agreement You can establish other Credit Union accounts and that Your signature constitutes a request for any identifying number and/or access device issued by Johns Hopkins Federal Credit Union in connection with such accounts. If You are a joint owner, You understand that ownership of an individual Account is subject to meeting membership eligibility requirements. You understand and agree that only those named in this Agreement are authorized to initiate Wire Transfer Requests with Johns Hopkins Federal Credit Union. Any such request will be made in accordance with Our underwriting guidelines for Wire Transfers.

Important IRS Information

Under penalties of perjury, You certify that:

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

Please consult IRS publication 1679 for additional information about backup withholding and a copy of IRS form W-9.

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.

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

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 You 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.

Signatures

You hereby apply for membership in Johns Hopkins Federal Credit Union. You, and all joint owners, acknowledge receiving a copy of the Johns Hopkins Federal Credit Union Agreements and Disclosures and You agree to be bound by the terms and conditions found therein with respect to any products and/or services You are now requesting and with respect to those that You may request in the future. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. In addition to establishing a Share Savings Account with Us, You may also from time to time request additional Accounts and/or Account services be established on Your behalf and/or the addition of joint owner(s) of Your Account. Your signature below is Your continuing authorization for Us to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Account. You authorize Us to transfer funds from any Share Account You may have with Us in multiples necessary to clear any overdraft on any Share Draft Account You may have with Us, subject to any fees related to such transfers. Subject to applicable laws and regulations, You further authorize any person, association, firm, corporation, personnel office or credit reporting agency to furnish, upon Our request, information concerning Your employment, credit standing and financial responsibility. In addition to using this information to evaluate Your eligibility for membership, it may also be used to pre-determine Your possible eligibility for various Johns Hopkins Federal Credit Union credit products and services.

You warrant the truth of the information contained in Your application for membership and/or subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility and/or credit worthiness.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant's (Primary Member) Signature	Date	Joint Owner #1 Signature	Date	Joint Owner #2 Signature	Date

For credit union use only:

CHEX System						
Branch Number	Teller	Received By (Initial)				
<input type="checkbox"/> Agreements and Disclosures, Rate Supplement and Schedule of Fees and Charges given personally: <table style="float: right; margin-left: 20px;"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Employee's Initials</td> <td>Date</td> </tr> </table>			_____	_____	Employee's Initials	Date
_____	_____					
Employee's Initials	Date					
<input type="checkbox"/> Agreements and Disclosures, Rate Supplement and Schedule of Fees and Charges given by mail: <table style="float: right; margin-left: 20px;"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Employee's Initials</td> <td>Date</td> </tr> </table>			_____	_____	Employee's Initials	Date
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