

**Federal Employees Newark Federal Credit Union
Membership Application - Co-Applicant**

Please print this form, fill it out and mail back to:
Federal Employees Newark FCU, 970 Broad Street, Room 132, Newark, NJ 07102.

A minimum \$5.00 Initial deposit is required to activate the account by check or money order. This deposit represents your "Share" of ownership in Federal Employees Newark FCU ("FENFCU"). Once your application is submitted we'll follow up by mail. In addition, there is a \$1.00 processing fee. Therefore, (1) please submit application with a \$6.00 check made out to the Credit Union. (2) A picture ID is required for our files when opening an account: Driver License/Passport ID/Federal ID. (3) A Copy of recent Pay-Stub to verify employment with a federal agency per FENFCU charter. (4) If you would like to open a Checking Account and ATM Debit Card, a separate application must be completed for each service we provide. (You must have a checking account to be eligible for an ATM debit Card)

General Information:	
Will there be a co-applicant on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, 1 co-applicant <input type="checkbox"/> Yes, 2 co-applicants	
Membership Eligibility, check one or both if applicable:	
<input type="checkbox"/> Employer	Employer Name:
<input type="checkbox"/> Family Member	Family Member's Name:
Primary Applicant:	
Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Mother's Maiden Name
I certify that: The TIN is correct and I (am / am not) subject to back-up withholding (Circle One) and I am a U.S. Person (including a U.S. Resident Alien).	
Drivers License #:	Drivers License State:
Drivers License Expiration Date:	
<i>Home Address (not P.O. Box)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
<i>Employment History</i>	
Present Employer Name:	Employer Phone Number:
Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:

Co-Applicant:	
Last Name:	Middle Name:
First Name:	Relationship to Primary Owner:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Drivers License Expiration Date:	
Mother's Maiden Name:	
<i>Home Address (not P.O. Box)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
<i>Employment History</i>	
Present Employer Name:	Employer Phone Number:
Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:
Additional Services	
Please check items of interest: <input type="checkbox"/> Checking Account <input type="checkbox"/> ATM/Visa@Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Auto Loan <input type="checkbox"/> CD's/ IRA's <input type="checkbox"/> Personal Loan <input type="checkbox"/> Holiday Accounts <input type="checkbox"/> Youth Accounts <input type="checkbox"/> Education Loans/Student Loan Consolidations	
Signature	
The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.	
Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

US PATRIOT ACT

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 TO 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 also ask to see your driver's license or other identifying documents.**

Checklist for sending in a membership application:

- (1) Are you eligible to become a member:
 - a. Are you a federal employee whose agency was, or is currently headquartered out of Newark, New Jersey?
 - b. Are you a federal employee currently working in Newark, New Jersey? (Postal employees are not eligible, sorry).
 - c. Are you a family member of a member (member in good standing) of this Credit Union?

If yes to any of the three questions above, then go to number 2. If no, we are sorry, you are not eligible to become a member.

- (2) Before sealing that envelope (or coming to the Credit Union in person) did you enclose in the envelope, or will you have ready when you arrive here...
 - a. \$6.00 check made out to Federal Employees Newark FCU?
 - b. A signed and dated application?
 - c. A copy of a government issued photo ID?
 - d. A copy of your most recent pay stub?