

**Philadelphia Letter Carriers FCU
service@phillycreditunion.com
APPLICATION FOR MEMBERSHIP ***

Account Number _____	Name _____	
Type of I.D. _____	I.D. No. _____	S.S. or Tax I.D. No. _____
Address _____	City/State/Zip _____	Cell Phone _____
Employer _____	Dept. or Occupation _____	Work Phone _____
Husband's First Name or Wife's Maiden Name _____		Mother's Maiden Name _____
Date of Birth _____	Place of Birth _____	

I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the **PHILADELPHIA LETTER CARRIERS FCU**. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

Signature of Member (Please sign within the box)

This application approved by the: (Check One)
 Board Exec. Committee Membership Officer

Signature _____ Date _____
(Person representing approver of application)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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 a failure to report all interest or 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. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ Date _____

JOINT SHARE ACCOUNT AGREEMENT

We agree with each other and the credit union that all funds paid into or deposited in this account, including any earnings thereon, shall be owned by us jointly, with the right of survivorship. On the death of one party to this joint account, all sums in the account on the date of the death vest in and belong to the surviving party as his or her separate property and estate. If we are married to each other, any sums in this account which constitute community property become the property of the surviving spouse on the death of a spouse.

Payment of funds in this account may be made upon request by any of us. Any payments made at the request of us or any other person with the right to request payment discharges the credit union from any liability for such payments. Subject to the policies of the board of directors regarding account transactions of member and non-member joint owners, without the necessity of withdrawing the funds in this account and without liability to the credit union, any one of us may, by written notice to the credit union, terminate the interest of any other joint owner. We agree that this account and agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union and its board of directors now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies.

We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account or the fitness of this account or agreement for any particular purpose.

Joint Account No. _____ Date _____

Soc. Sec. or Tax ID No. _____	Joint Owners (each must sign) _____	Date of Birth _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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). During my (our) lifetime, all funds paid into or deposited in this account, including any earnings thereon, shall be owned by me (us jointly), and payment may be made upon my (any of our) request. Upon my death (the death of the last survivor to us), all such funds shall be owned by the P.O.D. payee(s) surviving. Any P.O.D. payee surviving shall have the right to request payment of all or any portion of the funds in the account. Any payment upon my (any of our) request, or the request of any other party with the right to request payment, discharges the credit union from any liability for such payment. I (we) agree that this account and agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union and its board of directors now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies.

We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account, or the fitness of this account or agreement for any particular purpose.

Date _____

Executed By: _____	Soc. Sec. No. _____	P.O.D. Payee(s) _____	Soc. Sec. No. _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____