

Acct. # (CU USE ONLY)	Last Name	First Name	Initial
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CSC Employees Federal Credit Union Membership Application & Tax ID Number Certification

I hereby apply for membership in CSC Employees Federal Credit Union and agree to conform to its bylaws, account agreements, and the terms and conditions of its Truth in Savings and Electronic Funds Disclosure and to any amendments thereto. I authorize you to gather whatever credit and employment information you consider necessary and appropriate, and also authorize you to use any such information for the purpose of granting preapproval for additional credit offers. **Under the penalty 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 U.S. Resident Alien).**

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date of Birth _____

Employer _____ Social Security # _____ Mother's Maiden Name _____

If not employed by CSC/INFONET: Referred by (print Name and Relationship) _____

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature _____ Date _____

Joint Account Owners Agreement

In this agreement, "I/we" and "me/us" means each and every person signing this signature card. I/we authorize CSC Employees Federal Credit Union (CSCEFCU) to recognize any of the signatures for the transaction of any business for this account. I/we agree that income earned on this account will be reported under the Tax Identification Number listed on the top of this agreement. Withdrawal of any or all shares by me/us is permitted under this agreement. I/we agree that CSCEFCU shall not be liable for withdrawals made by me/us. It is further agreed that I/we may pledge all or any part of the account as security for one or more loans. I/we agree to inform CSCEFCU promptly of any changes.

Last Name (print) _____ First Name _____ Middle Initial _____

Street Address _____ Social Security # _____

City _____ State _____ Zip _____

Virginia Residents ONLY – check one: Joint Account WITH Survivorship Joint Account—NO Survivorship

Home Phone _____ Work Phone _____ Date of Birth _____

X _____
Joint Owner's Signature _____ Date _____

X _____
Member's Signature _____ Date _____