



Viriva
Community Credit Union
Your financial partner... for life.

(888) 7-VIRIVA • (215) 333-1201 (Local Calls)
WWW.VIRIVA.COM

Instructions

1. To Open a Share Account and Apply for Membership:

- Complete section 1.
- Read the section titled "Additional Terms and Conditions" on the reverse side.
- Membership in the Credit Union is limited to individuals and entities within the Credit Union's field of membership. Be certain to fill in the membership eligibility portion of this section.

Joint Accounts

- If your account will have a joint owner, read the "Joint Ownership Agreement (Not Transferable)" section on the reverse side.

Important Tax Information

- Read the section titled "Important IRS Information" and make any necessary changes.

Minimum Membership Deposit

- **Be sure to include the \$5.00 minimum deposit required for membership.**
- Mail your completed application and your deposit to the address shown below.
- You may also open your account in person by visiting one of our branches. To find a branch near you, please visit our website.
- If you choose to mail the application and deposit, please include a copy of your State Issued ID that contains your current address. If you have recently moved, please also include a copy of either a change of address card or utility bill that references your name and current address.

Viriva Community Credit Union

7346 Frankford Avenue
Philadelphia, PA 19136
WWW.VIRIVA.COM
(888) 7-VIRIVA • (215) 333-1201 (Local Calls)
Fax (267) 803-8390

2. Statements

- Select the method You would prefer We provide Your statements. If the electronic method is selected, Please ensure that Your email address is accurate.

Membership Application & Agreement

** Applications that are mailed into the branch must include a photocopy of a valid ID, such as a Drivers License, State Issued ID, Passport or Military ID.*

1. Membership

The Credit Union's field of membership is limited to individuals that are immediate family members of someone that is an existing member of Viriva Community Credit Union or that: (a) reside in; (b) work in; (c) worship in; (d) volunteer in; (e) attend school in; or (f) own a business located in; the counties of Bucks, Delaware, Montgomery or Philadelphia. Entities located in Bucks, Delaware, Montgomery or Philadelphia counties are also eligible for membership in the Credit Union.

- (a) Please indicate Your eligibility and check one of the appropriate boxes below:
- | | | | | |
|--|--------------|-------------------------|-------------------|---------------------|
| <input type="checkbox"/> Reside in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| <input type="checkbox"/> Work in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| Employer Name: _____ | | Hire Date: _____ | | |
| <input type="checkbox"/> Worship in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| <input type="checkbox"/> Volunteer in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| <input type="checkbox"/> Attend School in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| <input type="checkbox"/> Business Located in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| <input type="checkbox"/> Entity Located in: (circle one) | Bucks County | Delaware County | Montgomery County | Philadelphia County |
| <input type="checkbox"/> Am a family member of: _____ | | Relationship: _____ | | |
- (b) Please indicate below how You came to hear about Viriva Community Credit Union:
- Advertisement (e.g. radio, newspaper, etc. - please describe): _____
- Branch Signage (please describe branch location): _____
- Website (please include web address): _____
- Referral (include source): Family Member; Credit Union Member; Employer _____; Other _____;
- (c) Please indicate if You have children, their age(s) and whether You would like to receive free age-appropriate financial education literature:
- Yes; Ages _____; Please provide free financial education literature

Primary Member Information

First _____ M.I. _____ Last _____ Suffix _____

Home Address _____ City _____ State _____ Zip Code _____ Birthdate _____

Mailing Address (if different than home address) _____ City _____ State _____ Zip Code _____

Social Security Number _____ Driver's License or State ID Number _____

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Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____

Preferred Contact Method: Email Cell Phone Home Phone Business Phone **Best Time to Call** _____

Joint Owner Information

First _____ M.I. _____ Last _____ Suffix _____

Home Address _____ City _____ State _____ Zip Code _____ Birthdate _____

Mailing Address (if different than home address) _____ City _____ State _____ Zip Code _____

Social Security Number _____ Driver's License or State ID Number _____

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Home Phone _____ Business Phone _____ Cell Phone _____

2. Statements

Please indicate below if You would prefer to receive Your statements electronically. Statements that are provided by electronic means will be delivered through Our Online Account Access ("OAA") platform, and You will receive a notification via E-mail when they are available to view. If You do not choose to receive Your statements electronically, they will automatically be delivered through the United States Postal System.

- e-Statement - Yes, please provide statements electronically. You acknowledge that You have previously read and have agreed to the terms of Our "Consent to Receive Electronic Documentation" disclosure.

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3. Other Products & Services

- Please indicate which of the other deposit products You would like to establish at this time, as well as which electronic access devices You wish to apply to receive. You may also request to be contacted by a Representative in order to obtain information on Our loan products.

3. Other Products & Services

- (a) Please indicate the additional deposit accounts You wish to establish at this time. Make sure You specify the amount You have included for each additional account You are establishing at this time.
- Share Draft (checking) Account Amount _____
- Would you like to be contacted regarding the Credit Union's convenient Checking Account Switch Kit? Yes No
- Special Share Account Amount _____
- Christmas Club Account Amount _____
- Insured Money Market Draft Account Amount _____
- (b) Please indicate which of the electronic access devices shown below You are making application for:
- Electronic Bill Payment Service ("EBP") - requires a share draft account be established
- VISA Check/Debit Card
- You may separately elect to establish the services shown below by following the related instructions:
- Online Account Access ("OAA") - visit www.viriva.com and follow the prompts necessary to elect for this service
 - Day And Night Automated Account ("DANA") access - call (800) 29-AUDIO or (215) 333-2981 and follow the prompts necessary to elect for this service
- (c) If You would like to be contacted concerning additional services provided by the Credit Union, please indicate those services below:
- Loan (describe type - credit card, auto loan, etc.) _____
- Personal Open-End of Credit
- Traditional IRA Share Account
- Coverdell Education IRA Share Account
- ROTH IRA Share Account
- Term Share Certificate Account Term in Months: (circle one) 6 12 24 48 60
- IRA Term Share Certificate Account Term in Months: (circle one) 6 12 24 48 60
- Other (describe) _____

4. Signatures

- All account owners must sign in section 4.

Return to the Credit Union

- Once complete, please return your Membership Application along with the Minimum Membership Deposit and any additional funds that you would like deposited to the Credit Union.

4. Signatures

You hereby apply for membership in Viriva Community Credit Union. You, and all joint owners, agree to be bound by the terms and conditions found herein 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, as well as the terms and conditions of Our Agreements and Disclosures, which You acknowledge receiving a copy of. In addition to establishing a Share 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. 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.

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

Primary Owner Signature Date Joint Owner Signature Date

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.

Additional Terms And Conditions

You hereby authorize Us to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for the Accounts. The joint owners of the Accounts hereby agree with each other and with Us that all sums, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners, or any of them except by written notice to Us which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

Joint Ownership Agreement (Not Transferable)

Viriva Community Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this Account. The joint owners of the Account hereby agree with each other and with Viriva Community Credit Union that all sums now deposited in share accounts, or heretofore or hereafter deposited in share accounts by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Viriva Community Credit Union from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided.

Important IRS Information

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as a result of a failure to report all interest dividends, or the Internal Revenue Service (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).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You, and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

Credit Union Use Only

Account Number	Date Open	Open By: <input type="checkbox"/> Mail <input type="checkbox"/> In-Person	User 2	SF	OFAC Check Date
Branch Code	MSR Name	Member Service Rep Signature	(Date)	<input type="checkbox"/> New Account <input type="checkbox"/> Replacement Account - Previous Account No. _____ <input type="checkbox"/> Additional Share Account	



Federally Insured By
NCUA