

Viriva Community Credit Union, Your Financial Partner... For Life!

Consider owning your financial institution! Take control of your money and experience the benefits of ownership by becoming a member today! We are a not-for-profit financial institution that returns excess income to our members in the form of lower service fees and better savings and loan rates!

Visit VIRIVA.COM to learn more or contact us at 888-7-VIRIVA (215-333-1201 for local calls).

SERVICES AND MEMBER BENEFITS INCLUDE:

- FREE Checking
- FREE Online Banking
- FREE Mobile Banking App with Remote Check Deposit
- FREE Electronic Bill Pay (EBP) when you issue at least one payment per month
- FREE Complementary Credit Review
- Exclusive loan rate discount opportunities
- Personal Line of Credit
- MasterCard® Platinum Credit Cards
- Signature Loans
- New and Used Vehicle Loans
- First & Second Mortgages
- Home Equity Lines of Credit
- Federally Insured By The NCUA Up To \$250,000
- And much more

HOW TO ESTABLISH YOUR MEMBERSHIP:

Open a Savings Account and maintain a minimum deposit of \$5 to join!

Earn up to \$25!* Open a Savings and Checking Account and we'll make your initial \$5 deposit. Receive an additional \$20 when you:

- Set up Telephone Banking
- Login to Online Banking
- Sign up for eStatements
- Obtain a Debit Card

Reference promo code BD10 at account opening.

*Offer applies to new members only. Credit amount not to exceed \$25.00 per member. Must sign up for a Savings and Checking Account at time of membership to receive the initial \$5.00 deposit. All other services must be established within one month of membership to receive the remaining \$20.00 deposit. Viriva reserves the right to cancel this promotion at any time without further notice. Cannot be combined with any other offer. Other restrictions may apply.



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

3 Step Membership Application

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

- Complete the Membership section.
- 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.** Or let Viriva make the minimum deposit for you! See details on reverse side.
- 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)
Fax (267) 803-8390

Membership Application & Agreement

* Applications must include a photocopy of a valid Government or State issued ID, such as a Drivers License, Passport or Military ID. Account No. _____

1. Membership

Membership is available to immediate family members of someone that is an existing member of Viriva Community Credit Union. Membership is also available to individuals 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 Pennsylvania 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.

Please indicate Your eligibility by selecting one of the appropriate options below:

- A. You work for: (Employer Name) _____, an affiliated partner of Viriva Community Credit Union. Hire Date: _____
Employees of affiliated partners may be eligible for special offers. Ask a member service representative for details.
- OR
- B. You reside, work, worship, volunteer, or study in:
Bucks County Delaware County Montgomery County Philadelphia County
- OR
- C. You are a family member of an existing member:
Family Member Name: _____

How did you hear about Viriva Community Credit Union? _____

Viriva Community Credit Union offers special rewards to members who refer new members. If You were referred by an existing member, please provide that member's name below:
Name: _____

Would you like to refer a new member at this time? If so, please provide the name and contact information of that individual.
Name: _____ Phone/Email: _____

Primary Member Information

Mr. Ms. Mrs.

First _____ M.I. _____ Last _____ Suffix _____

Primary Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Alternate Mailing Address _____ City _____ State _____ Zip Code _____

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

() () ()
Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____

Preferred Contact Method: Email Cell Phone Home Phone Business Phone

Joint Owner Information

Mr. Ms. Mrs.

First _____ M.I. _____ Last _____ Suffix _____

Primary Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Alternate Mailing Address _____ City _____ State _____ Zip Code _____

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

() () ()
Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____

Please print or type all information

Continued on Page 2

2. Available Products & Services

- A primary share savings account solidifies Your membership with Viriva Community Credit Union. This account type is provided upon becoming a member with us. Please indicate all available products and services You wish to establish and/or inquire about at this time.

Earn up to \$25!*

Open a Savings and Checking Account and we'll make your initial \$5 deposit. Check off the appropriate boxes on the right! Receive an additional \$20 when you:

- Set up Telephone Banking
- Login to Online Banking
- Sign up for eStatements
- Obtain a Debit Card

Reference promo code BD10 at account opening.

*Offer applies to new members only. Credit amount not to exceed \$25.00 per member. Must sign up for a Savings and Checking Account at time of membership to receive the initial \$5.00 deposit. All other services must be established within one month of membership to receive the remaining \$20.00 deposit. Viriva reserves the right to cancel this promotion at any time without further notice. Cannot be combined with any other offer. Other restrictions may apply.

3. Signatures

- All account owners must sign in section 3.

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 Your new Viriva Community Credit Union account.

2. Available Products & Services

Indicate the Deposit Account(s) and electronic service(s) that You would like to establish:

Deposit Accounts:

- Share Savings -
- Checking (Share Draft) -
- Money Market Draft -
- Special Share Savings -
- Holiday Club -
- Vacation Club -

Deposit Amount \$ _____
 Deposit Amount \$ _____
 Deposit Amount \$ _____
 Deposit Amount \$ _____
 Deposit Amount \$ _____
 Deposit Amount \$ _____

eServices:

- Direct Deposit or Payroll Deduction
- MasterCard Debit Card
- It's Me 247 Online Banking
- eStatements (requires a valid consent, email address and It's Me 247)
- Electronic Bill Pay (requires a Checking account and It's Me 247)
- CU Talk Telephone Banking

Please indicate whether You are also interested in receiving additional information about:

Loans:

- Vehicle
- Signature
- MasterCard Credit Card (Low Rate, Rewards or Secured)
- Debt Consolidation
- Shared Secured
- Personal Line of Credit
- Fixed Home Equity
- Home Equity Line of Credit
- First Mortgage
- Student Loan

Other:

- Term Share Certificate
- Market Index Certificate
- Traditional IRA
- ROTH IRA
- Coverdell Education IRA
- IRA Certificate

3. 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 <input type="checkbox"/> Online <input checked="" type="checkbox"/> Bus. Dev. | Enter New Member Code BD10 |
| 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 - Existing Account No. _____ |

