

# Membership

Application | Update | New Deposit Account | New Services



**New Member**

**Account Update(s) Requested:**

**Existing Member**

Name Change  Change of Address  Change of Phone Number  Add Joint Account Owner(s) (Complete Section C)

**Account Number** \_\_\_\_\_

Add Beneficiary (Complete Section D)  Additional Deposit Product(s) and Service(s) (Complete Section B)

## A: Primary Owner of Account (Please print)

Name (First, MI, Last) \_\_\_\_\_

Residential Address (Cannot be a P.O. Box)

City, State, ZIP \_\_\_\_\_

Mailing Address (If different from residence)

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

SSN (TIN if applicable) \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)

Foreign TIN (Green Card #) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other Form of Identification \_\_\_\_\_

I.D. Issue Date \_\_\_\_\_ I.D. Expiration Date \_\_\_\_\_

Employer \_\_\_\_\_

Employment Duration \_\_\_\_ years \_\_\_\_ months

Employment Occupation \_\_\_\_\_

Occupancy Status

Rent  Mortgage  Living with Others  Own Free and Clear

Occupancy Duration \_\_\_\_ years \_\_\_\_ months

I am a  U.S. Citizen  Permanent Resident Alien  Non Resident Alien

Country of Origin \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

### ELIGIBILITY – Tell us how you are eligible for Membership

I am an Employee or Retiree of the following Department of Justice Agency

I am an Employee or Retiree of the following Department of Homeland Security Agency \_\_\_\_\_

I am an Employee or Retiree of State or Local Law Enforcement

Name of Agency: \_\_\_\_\_

I understand to meet Membership eligibility, Justice Federal will provide complimentary membership with Concerns of Police Survivors and will share my name, address, contact number and email with C.O.P.S. C.O.P.S. is a 501, (c)(3) non-profit organization and the leading peer support organization for law enforcement across the country.

I am an Employee or Member of the following Law Enforcement Association

Name of Association: \_\_\_\_\_

I am an employee, retiree or eligible family member with the following Georgia Department of Public Safety Agency

I am being referred by an Eligible person or member

Referring Person's First Name: \_\_\_\_\_

Referring Person's Last Name: \_\_\_\_\_

Eligible Affiliation: \_\_\_\_\_

I am an Employee or Contractor of an Eligible Company

I am an employee, retiree or an eligible family member of an employee or retiree with the City of Bridgeport, WV.

### How did you hear about Justice Federal?

Radio  Mail  Social Media  Event

Other \_\_\_\_\_

Were you referred by an existing Member? \_\_Yes \_\_ No

If Yes, Name \_\_\_\_\_ Zip Code \_\_\_\_\_

## Due Diligence

Will you write or deposit checks?

Will you be using mobile/remote deposit capture to deposit your checks?

Will you send or receive wire transactions?

Will these wires be sent to or received from non-US locations?

Will you send or receive electronic (ACH-related services) transactions?

Will these electronic transactions be sent or received from non-US locations?

Are you currently, or have you ever been a politically exposed person (PEP) or a senior political figure?

Are you an immediate family member or a close associate of someone who is currently, or who was, a PEP? **Name** \_\_\_\_\_

Are you an employee of an embassy, foreign consulate or foreign mission?

## B: Deposit Products and Services

Choose your Justice Federal services by checking the appropriate boxed below.

**Share Savings Account** (Required for membership, with a \$5 minimum deposit)

**Checking Account**

Freedom Direct  Justice National  Beyond the Badge  Student

Order Checks

**Debit Cards**

For Primary Account Holder only

For Primary and Joint Account Holder(s)

**Young Savers Account** (Minors Only)

**Share Money Market Account**

**Share Saver's Club Account**

**Share Certificate** or  **Share IRA Certificate**

3 Month  12 Month  24 Month  48 Month

6 Month  18 Month  36 Month  60 Month

**Overdraft Protection**

Share Savings Account

Money Market Account

Secondary Savings Account

Justice Line of Credit

(Loan application required)

**Courtesy Pay**

I allow Justice Federal to authorize and pay overdrafts on my ATM and everyday debit transactions. I understand I will be charged a fee for each overdraft payment authorized. (See Service Fee Schedule)

**Funding Source**

Check – By Mail

Cash  Internal Transfer (For existing Members)

Debit/Credit Card (Call to Provide Information)  Funding at Another Time

Deposit Amount: \$ \_\_\_\_\_

**C: Joint Account Owner(s)** Justice Federal may limit transactions conducted by Joint Account Owner(s).

Joint Account Owners are welcome to join for full membership privileges (Please complete an application in your name). To add a Joint Account Owner, select accounts below or Joint Account Owner will be added to all accounts with the exception of IRAs.

**Joint Account Owner #1**

All Accounts  Checking  Savings  Money Market  Certificate  
Name (First, MI, Last) \_\_\_\_\_  
Address (Cannot be P.O. Box) \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
SSN/TIN \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)  
Full Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Driver's License Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
I am a  U.S. Citizen  Permanent Resident Alien  Non Resident Alien  
Country of Origin \_\_\_\_\_ Foreign TIN (Green Card #) \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Employment Status \_\_\_\_\_ Employment Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Employment Duration \_\_ Years \_\_ Months  
Occupancy Status  
 Rent  Mortgage  Living with Others  Own Free and Clear  
Occupancy Duration \_\_\_\_ years \_\_\_\_ months

**Joint Account Owner #2**

All Accounts  Checking  Savings  Money Market  Certificate  
Name (First, MI, Last) \_\_\_\_\_  
Address (Cannot be P.O. Box) \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
SSN/TIN \_\_\_\_\_ Birthdate \_\_\_\_\_ (mm/dd/yyyy)  
Full Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Driver's License Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
I am a  U.S. Citizen  Permanent Resident Alien  Non Resident Alien  
Country of Origin \_\_\_\_\_ Foreign TIN (Green Card #) \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Employment Status \_\_\_\_\_ Employment Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Employment Duration \_\_ Years \_\_ Months  
Occupancy Status  
 Rent  Mortgage  Living with Others  Own Free and Clear  
Occupancy Duration \_\_\_\_ years \_\_\_\_ months

**D: Designation Of Beneficiary**

When designating multiple beneficiaries the percentage must equal 100%. To add a Beneficiary, select accounts below or the Beneficiary will be added to all accounts with the exception of IRAs. This Beneficiary Designation does not apply to any IRA accounts.

**Beneficiary #1**

Percentage \_\_\_\_\_ %

All Shares  Checking  Savings  Money Market  Certificate  
\*Name (First, MI, Last) \_\_\_\_\_  
Relationship to Member \_\_\_\_\_  
Address (Cannot be P.O. Box) \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
\*SSN/TIN \_\_\_\_\_ \*Birthdate \_\_\_\_\_ (mm/dd/yyyy)  
\*All three are required to process the beneficiary.

**Beneficiary #2**

Percentage \_\_\_\_\_ %

All Shares  Checking  Savings  Money Market  Certificate  
\*Name (First, MI, Last) \_\_\_\_\_  
Relationship to Member \_\_\_\_\_  
Address (Cannot be P.O. Box) \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
\*SSN/TIN \_\_\_\_\_ \*Birthdate \_\_\_\_\_ (mm/dd/yyyy)  
\*All three are required to process the beneficiary.

**E: SSN/Taxpayer Identification Number (TIN)**

Certification and backup withholding information

Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed above is my correct taxpayer identification number (or I am waiting for one to be issued); and (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7); and (4) the FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.  
 I am subject to backup withholding Enter FACTA Codes here (if applicable) \_\_\_\_\_

**F: Signature(s) Please include a clear copy of photo ID**

I/We hereby certify eligibility for membership and make application for membership in and agree to be bound by and conform to the by-laws, rules, regulations, and policies now in effect and as amended or adopted in the future by Justice Federal. I/We authorize Justice Federal to obtain a consumer credit report in establishing this account or other related financial services as submitted now or in the future. By signing below, I/we certify that all the information on this Application is true and correct under penalty of perjury and acknowledge receipt of the Account Agreements & Disclosures, Funds Transfer Agreement and Fee Schedule. 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  X  \_\_\_\_\_ Date \_\_\_\_\_  
Joint Account Owner #1 Signature  X  \_\_\_\_\_ Date \_\_\_\_\_  
Joint Account Owner #2 Signature  X  \_\_\_\_\_ Date \_\_\_\_\_

**Credit Union Use Only**

Account Number \_\_\_\_\_ CU Representative \_\_\_\_\_ Date \_\_\_\_\_