

# LM FEDERAL CREDIT UNION COMBINED MEMBERSHIP APPLICATION

Complete the following form to apply for Credit Union membership and other services. Call the Credit Union at (410) 687-5240 or (800) 410-0501 if you need help in completing this form. Send the form and \$25 opening deposit (unless enrolling for payroll deductions) to 101 Chesapeake Park Plaza, Baltimore MD 21220

Check all that apply:  Primary Shares (required to activate membership - \$25 minimum required to open)  
 Secondary Shares  Checking  Holiday Club  Money Market  Certificate  Other:

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION (MANDATORY)

All applicants must complete the following information:

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under Penalties of perjury, that the Social Security number (SSN)/Taxpayer ID number (TIN) shown is my correct number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding  I am or  I am not a U.S. citizen or resident alien

### PRIMARY MEMBER APPLICATION AND INFORMATION (MANDATORY)

The Primary account owner must complete the following information:

Full Name: \_\_\_\_\_  Miss  Mrs.  Mr.

Physical Address: \_\_\_\_\_  
Number Street Apt. City State Zip

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License# and State: \_\_\_\_\_ Employee/Badge # \_\_\_\_\_

Day Telephone # \_\_\_\_\_ Night Telephone #: \_\_\_\_\_

Lockheed Martin Division: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Membership Eligibility by:  Employer  Family Member Name: \_\_\_\_\_

### JOINT OWNER DESIGNATION AND PAYABLE ON DEATH (POD) DESIGNATIONS (OPTIONAL)

Contact the Credit Union if you do not wish the same ownership setup or wish more than 1 signature required to transact on any or all accounts

Complete address and phone number sections only if different from Primary member listed above

**Jt. owner name (1):** \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

**Jt. owner name (2):** \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

**Jt. owner name (3):** \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

**POD Name (1):** \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

**POD Name (2):** \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_

### CHECKING ACCOUNT TYPE & SERVICES ELECTION (VISA / ATM CARDS & OVERDRAFT PROTECTION)

Complete the following section if you wish to establish a new checking account:

Account Type:  Free Checking  Regular Checking  Interest Checking  ATM Share

I would like to apply for a Visa Check Card that will also serve as my ATM Card.

I would like to apply for a ATM card only

**If joint owner(s) are applying for a Visa check card or ATM card, Please provide the following:**

Name: \_\_\_\_\_ Drivers License #/State \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License #/State \_\_\_\_\_

Overdraft protection from:  NONE  Regular Shares (limited to 6 auto. Transfers per month)  
 Overdraft loan Note: If you haven't already applied, complete the enclosed app. or visit www.lmfcu.com  
 Transfer priority:  Shares 1st/loan 2nd  Loan 1st/shares 2nd

**OTHER SERVICE INFORMATION AND REQUEST (OPTIONAL)**

**Certificate accounts only:** Term In Months: \_\_\_\_\_  
 Pay dividends to:  Certificate  Transfer to shares  Mail check (\$5,000 min. bal. Required)

**Moneymover Funds Transfer** to electronically transfer funds from the Credit Union to a checking account in your name at any other financial institution in the United States (**PLEASE SUBMIT A VOIDED CHECK WITH THE APPLICATION**)

Receiving bank account information

Financial Institution Name: \_\_\_\_\_ Routing/Transit #: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Account type: (saving or checking) \_\_\_\_\_

**Please provide additional information about the services indicated below:**

- Touch Tone Teller = Automated telephone system available 24 hours a day
- Internet Bill Pay= Paying bills over the internet (fees applied, ask for details)
- Internet Branch = Accessing your account(s) over the internet.
- New loan (specify): \_\_\_\_\_

**PAYROLL DEDUCTION AND DIRECT DEPOSIT REQUEST (OPTIONAL)**

**To begin payroll deduction or direct deposit to your account, you must sign up through LM People**  
 (PLEASE REFER TO THE LM PEOPLE INSTRUCTIONS ENCLOSED)

Payroll deduction of: \$ \_\_\_\_\_, fixed amount to be deposited each pay into the account(s) designated below:

All Members: Complete the following section if you are signing up for payroll deductions:

Please allocate my total payroll deduction (listed above) as follows:

Account Type: Primary Shr.	Amount: _____	Account Type: _____	Amount: _____
Account Type: _____	Amount: _____	Account Type: _____	Amount: _____

Direct Deposit of your entire net pay to:  Checking  Shares

**AUTHORIZATION (THE PRIMARY AND JOINT ACCOUNT OWNERS LISTED ABOVE MUST SIGN BELOW)**

I/we hereby apply for membership in LM Federal Credit Union. By signing below, I/we agree to the terms and conditions of the Credit Union's by laws, Membership and Account Agreement, Truth-in Savings Rate & Fee schedule, Funds Availability Policy, Electronic Funds Transfer Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of the agreements, disclosures and policies listed above applicable to the accounts and services requested herein.

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

Checking accounts and access cards: The undersigned hereby apply for an ATM or Visa Check access card and certify that the information provided is true and correct and authorize the Credit Union to verify it, obtain information about my/our deposit history, and furnish such information to others. I/we authorize the Credit Union to obtain consumer credit reports in connection with this application and for any update, renewal or reconsideration required. You may request the name, address and phone number of any credit bureau from which the Credit Union received a consumer report on you.

I/we authorize the Credit Union to establish new sub-accounts of any type within this account number per our verbal authorization at any time. Our signature(s) represent our continuing authorization for us to do so and we agree that this continuing authorization will remain in effect unless the Credit Union receives written notice to the contrary. New accounts authorized verbally will be owned in the same ownership method as designated on the primary share account. Accounts opened by verbal authorization may be closed without penalty within 10 days of opening.

**Primary Member Signature:** x \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature (1):** x \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature (2):** x \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature (3):** x \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*\*FOR CREDIT UNION USE ONLY\*\*\*\*\***

Membership Officer Approval: \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Mbr. Info. given or mailed by: \_\_\_\_\_ **Date:** \_\_\_\_\_  
 ID verification method: \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 OFAC verified by: \_\_\_\_\_ **Date:** \_\_\_\_\_