



Please Provide the Following Information
For Details or Assistance, call (202) 224-2967 or 1-(800) 374-2758.

Membership Information

You would like <input type="checkbox"/> Open a New Deposit Account to: <input type="checkbox"/> Change information on an existing account (doing so supercedes any other information on file for this account)		
Name (Last / First / MI) Please Print	Member Number	Driver's License
Street / Apt. No.	Years at Address (<i>Lived there since</i>)	State _____ Number _____
City, State, Zip	Date of Birth	Joint Owner #1 - Name
Home Telephone (_____)	Work Telephone (_____)	Joint Owner #1 - Taxpayer ID (SSN)
Home E-Mail Address	Mother's Maiden Name (<i>for security purposes</i>)	Joint Owner #2 - Name
		Joint Owner #2 - Taxpayer ID (SSN)

Joint Account: If You are establishing a Joint Account, please check one box below:
 Joint Account with Survivorship (On the death of a party to the Account, the deceased party's ownership in the Account passes to the surviving party or parties to the Account.)
 Joint Account No Survivorship (On the death of a party to the Account, the deceased party's ownership in the Account passes as part of the party's estate under the party's will, trust, or by intestacy.)
 Payable on Death: Check this box if You would like to establish Your Account with "Payable on Death" status. Please note that a separate "Payable on Death Designation" form must be completed separately to substantiate Payable on Death status.

Checking Account Options

<p>Choose your Checking Account: <input type="checkbox"/> Senate Checking Account / Senate Check Card Checking with no annual fees, no check limits and no minimum balance. Free USSFCU ATM withdrawals. No credit union fee for up to four non-USSFCU ATM withdrawals per month (\$1.00 each thereafter). One free box of Senate style checks (175) per year.</p>	<p>Opening Balance: \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed</p>	<p>Please tell us how you would like to have your checks printed: <input type="checkbox"/> Order checks Starting Number on checks: _____ (default = 101) <input type="checkbox"/> Joint Owner #1 Name on Checks <input type="checkbox"/> Joint Owner #2 Name on Checks <input type="checkbox"/> Print Home Phone Number on Checks <input type="checkbox"/> Print Social Security Number _____ - _____ - _____</p>
<p><input type="checkbox"/> Gold Source Checking Account / Gold Check Card Premium checking earns dividends (for all balances) and rebates for Gold Card purchases, along with all the benefits of VISA Gold. No credit union ATM fees. One free box of Gold Style checks (150) per year.</p>	<p>Opening Balance: (\$1,000 minimum) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed</p>	<p>Please let us know whether you wish to have ATM / Debit Card access to your account: <input type="checkbox"/> Check Card for Yourself <input type="checkbox"/> Check Card for Joint Owner #1 <input type="checkbox"/> Check Card for Joint Owner #2</p>
<p><input type="checkbox"/> EasyLine Overdraft Protection (applies to either checking option). Overdraft protection with no annual fee.</p>	<p>Amount Requested \$ _____ (\$100 minimum - \$500 maximum)</p>	

Savings Account

<p>Opening Balance \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><input type="checkbox"/> Additional Savings Account <input type="checkbox"/> Holiday Savings Account <input type="checkbox"/> Kid's Club Savings Account</p>
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Money Market Account

<p>Opening Balance (\$2,000 opening balance required) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><input type="checkbox"/> Order checks Starting Number on checks: _____ (default = 6001) <input type="checkbox"/> Joint Owner #1 Name on Checks <input type="checkbox"/> Joint Owner #2 Name on Checks</p>
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Time Deposits - Senate Certificates

<p>Opening Balance (\$1,000 minimum) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><input type="checkbox"/> 6 month <input type="checkbox"/> 36 month <input type="checkbox"/> 12 month <input type="checkbox"/> 60 month <input type="checkbox"/> 24 month</p>	<p>Credit dividends to: <input type="checkbox"/> Checking a/c _____ <input type="checkbox"/> Savings a/c _____ <input type="checkbox"/> Certificate (compounds)</p>
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Individual Retirement Account (IRA) (Traditional and Roth)

<p>To open an IRA, fill out this section, and: <input type="checkbox"/> For a Traditional IRA, fill out Form CUC 2300 <input type="checkbox"/> For a Roth IRA, fill out Form CUC 2400R-C</p>	<p>To Contribute to a New or Existing IRA, fill out this section, and: <input type="checkbox"/> For a Traditional IRA, fill out Form 2315 <input type="checkbox"/> For a Roth IRA, fill out Form 2415R</p>	<p><input type="checkbox"/> To Transfer Funds from an existing IRA, fill out this section and complete form 2325. <input type="checkbox"/> If you wish to make a direct rollover from a qualified retirement plan other than an IRA, or, if you wish to discuss SEP options, please call (800) 374-2758 and ask for the IRA Department.</p>
<p>Opening Balance (Savings = \$5, Time Deposits = \$1,000 minimum) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p>Type of Account: <input type="checkbox"/> 6 month <input type="checkbox"/> 36 month <input type="checkbox"/> 12 month <input type="checkbox"/> 60 month <input type="checkbox"/> 24 month <input type="checkbox"/> Savings</p>	<p>What type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth</p>

Signatures

Your Signature _____	Date _____	For Credit Use Only:
Joint Owner #1 Signature _____	Date _____	Entered By: _____
Joint Owner #2 Signature _____	Date _____	Date: _____



THIS DISCLOSURE CONTAINS NECESSARY TRUTH-IN-SAVINGS ACCOUNT DISCLOSURES. PLEASE BE CERTAIN TO READ THIS DISCLOSURE CAREFULLY AND NOTIFY US AT ONCE IF ANY PARTS ARE UNCLEAR.

In this disclosure the reference to "We", "Us", "Our" and "Credit Union" mean the UNITED STATES SENATE FEDERAL CREDIT UNION. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means the Certificate Account established for You as set forth herein. For joint accounts, read singular pronouns in the plural.

CERTIFICATE ACCOUNT DISCLOSURE

The following Disclosure contains important information and the terms and conditions of the special Share Account recognized and referred to hereafter as a Certificate Account and is provided as required by the Truth-In-Savings Act. Wherever used, "APY" means Annual Percentage Yield.

The effective date of this disclosure is _____. Share ID # _____.

The dividend rate and Annual Percentage Yield (APY) shown in this disclosure have been offered within the most recent seven calendar days and were accurate as of the effective date. Please call (202) 224-2967 or 1 (800) 374-2758 to obtain current rate information.

Fixed Rate Information. This Account is subject to a Fixed Rate. The dividend rate on this Account is _____ % with an APY of _____%.

Minimum Balance Requirements. To be a member and maintain Accounts with Us You must purchase one share in the Credit Union in a Primary Savings Account. The par value of a share in this Credit Union is \$5.00. If the balance in Your Primary Savings Account drops below the par value of one share (\$5.00), for a period of six months or more, We may, at Our option, close Your Account.

The minimum balance required to open this Account is \$1,000.00. You must maintain a minimum daily balance of \$1,000.00 in Your Account each day to obtain the disclosed annual percentage yield. You will earn dividends for every day during the period that Your Account equals or exceeds the minimum daily balance requirement.

Transaction Limitations. After Your Account is opened, You may not make deposits into Your Account until the stated maturity date. If this Account is an IRA it is also subject to limitations and/or penalties imposed by the Internal Revenue Service. Please see your IRA Agreement or Your tax advisor for additional information.

The Credit Union reserves the right to require a member intending to make a withdrawal to give written notice of such intent not less than seven days and up to 60 days before any such withdrawal.

Maturity Date. Your Account will mature on _____.

Early Withdrawal Provisions. We will impose a penalty if You withdraw any of the funds in Your Account before the maturity date. The fee imposed for Accounts with a term that is less than 1 year will be 90 days of paid and accrued dividends, and 180 days of paid and accrued dividends for Accounts with a term that is greater than 1 year.

Renewal Policies. Your Account will automatically renew at maturity. You will have a grace period of 10 calendar days after the maturity date to withdraw the funds in Your Account without being charged an early withdrawal penalty.

Nature of Dividends. Dividends are paid from current income and available earnings, after required transfers to reserves at the end of a dividend period.

Compounding and Crediting. The dividend period on Your Account begins from the date that Your Account is opened and ends on the stated maturity date unless renewed, and dividends will be compounded daily and will be credited monthly. My annual percentage yield assumes dividends will remain on deposit until maturity. A withdrawal will reduce earnings. Accrued dividends (less any early withdrawal penalty) will be paid when You close Your Account.

Balance Computation Method. For dividend bearing Accounts, dividends are calculated by the daily balance method which applies a daily periodic rate to the principal in Your Account each day.

Accrual on Non-cash Deposits. For dividend bearing Accounts, dividends will begin to accrue on the business day that You deposit non-cash items (e.g. checks) into Your Account.

Fees and Charges. Any fees and charges applicable to Your Account are disclosed separately in the "Fee Schedule" provided in conjunction with these Agreements and Disclosures.