



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

**Membership Information**

You would like to :  Open a New Deposit Account  
 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	Home E-Mail Address
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**Checking Account Options**

<p><b>Choose your Checking Account and Overdraft Protection:</b></p> <p><input type="checkbox"/> <b>Senate Checking Account / Senate Check Card</b> 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 (150) per year.</p> <p><input type="checkbox"/> <b>Gold Source Checking Account / Gold Check Card</b> 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><input type="checkbox"/> <b>EasyLine Overdraft Protection (applies to either checking option).</b> Overdraft protection with no annual fee.</p>	<p><b>Opening Balance:</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed</p> <p><b>Opening Balance: (\$1,000 minimum)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed</p> <p><b>Amount Requested \$</b> _____ (\$100 minimum - \$500 maximum)</p>	<p><b>Please tell us how you would like to have your checks printed:</b> <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><b>Please let us know whether you wish to have ATM / Debit Card access to your account:</b> <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>
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**Savings Account**

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

<p><b>Opening Balance (\$2,000 opening balance required)</b> \$ _____ 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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**Senate Smart Certificates**

<p><b>Opening Balance (\$1,000 minimum)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><b>Type of Account:</b> <input type="checkbox"/> 3-6 month <input type="checkbox"/> 36-48 month <input type="checkbox"/> 6-12 month <input type="checkbox"/> 48-60 month <input type="checkbox"/> 12-24 month <input type="checkbox"/> 60 month <input type="checkbox"/> 24-36 month <input type="checkbox"/> Savings</p>	<p><b>Credit dividends to:</b> <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><b>To open an IRA, fill out this section, and:</b> ► Call 202.224.2967 or 800.374-2758 or visit a branch and speak with an MSO ► For a Traditional IRA, fill out Form CUC 2300 ► For a Roth IRA, fill out Form CUC 2400R-C</p>	<p><b>To Contribute to a New or Existing IRA, fill out this section, and:</b> ► For a Traditional IRA, fill out Form 2315 ► For a Roth IRA, fill out Form 2415R</p>	<p>► To Transfer Funds from an existing IRA, fill out this section and complete form 2325. ► 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><b>Opening Balance (Savings = \$5, Certificates = \$1,000 minimum)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><b>Type of Account:</b> <input type="checkbox"/> 3-6 month <input type="checkbox"/> 36-48 month <input type="checkbox"/> 6-12 month <input type="checkbox"/> 48-60 month <input type="checkbox"/> 12-24 month <input type="checkbox"/> 60 month <input type="checkbox"/> 24-36 month <input type="checkbox"/> Savings</p>	<p><b>What type of IRA:</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth</p>

**Signatures**

Your Signature	Date	<b>For Credit Use Only:</b>
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 *Senate Money Market Account* established for You as set forth herein. For joint accounts, read singular pronouns in the plural.

**SENATE MONEY MARKET ACCOUNT DISCLOSURE**

The following Disclosure contains important information and the terms and conditions of the **Money Market Share** Account recognized and referred to hereafter as the *Senate Money Market 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 \_\_\_\_\_.

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.

**Tiered Variable Rate Information.** This Account is subject to a Tiered Variable Rate. As of the effective date of this disclosure, the dividend rates and APY for this Account were as follows:

Balance	Dividend Rate	APY
Less than \$1,999.99	_____ %	_____ %
\$2,000.00 - \$9,999.99	_____ %	_____ %
\$10,000.00 - \$19,999.99	_____ %	_____ %
\$20,000.00 - \$39,999.99	_____ %	_____ %
\$40,000.00 - \$74,999.99	_____ %	_____ %
\$75,000.00 - \$99,999.99	_____ %	_____ %
\$100,000.00 or greater	_____ %	_____ %

For dividend bearing accounts, the dividend rate and APY may change every dividend period based on the determination of the Credit Union Board of Directors.

**Minimum Balance Requirements.** To be a member and maintain Accounts at Our Credit Union 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 \$2,000.00. You must maintain a minimum daily balance of \$2,000.00 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 balance equals or exceeds the minimum daily balance requirements.

**Transaction Limitations.** *Senate Money Market* Account funds may not be pledged as security for a loan. Additionally, during any statement period, You may not make more than six withdrawals from or transfers to another Credit Union Account of Yours or to a third party by means of a draft, debit card (if applicable), pre-authorized or automatic transfer or telephonic order or instruction. Each check in excess of three per calendar month (according to the date of payment presentation) may be returned, not paid and a Returned Check Fee will apply.

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.

**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 is monthly from the 1<sup>st</sup> day of each month to the last day of each month and dividends will be compounded daily for each day on which Your balance exceeds \$2,000.00 and will be credited monthly on the 1<sup>st</sup> day of each month. Accrued dividends will be paid when You close Your Account. Withdrawing all funds for the purpose of closing Your Account entitles payment of accrued but un-credited dividends.

**Balance Computation Method.** 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.** 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.