



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 State _____ Number _____
Street / Apt. No.	Years at Address (Lived there since)	Joint Owner #1 - Name
City, State, Zip	Date of Birth	Joint Owner #1 - Taxpayer ID (SSN)
Home Telephone (_____) _____	Work Telephone (_____) _____	Joint Owner #2 - Name
Home E-Mail Address	Mother's Maiden Name (for security purposes)	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

Choose your Checking Account:		Opening Balance: \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed	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 _____ - _____ - _____
<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.			
<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.		Opening Balance: (\$1,000 minimum) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed	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
<input type="checkbox"/> EasyLine Overdraft Protection (applies to either checking option). Overdraft protection with no annual fee.		Amount Requested \$ _____ (\$100 minimum - \$500 maximum)	

Savings Account

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

Opening Balance (\$2,000 opening balance required) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.	<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
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Time Deposits - Senate Certificates

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

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	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	<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.
Opening Balance (Savings = \$5, Time Deposits = \$1,000 minimum) \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.	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	What type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth

Signatures

Your Signature _____ Date _____	For Credit Use Only: Entered By: _____ Date: _____
Joint Owner #1 Signature _____ Date _____	
Joint Owner #2 Signature _____ 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 \$2,000	_____ %	_____ %
\$2,000 - \$9,999.99	_____ %	_____ %
\$10,000 - \$19,999.99	_____ %	_____ %
\$20,000 - \$39,999.99	_____ %	_____ %
\$40,000 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 pre-authorized or automatic transfer or telephonic order or instruction. No more than three of the six transfers may be made by check, draft, debit card, if applicable, or similar order to a third party. 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 1st 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 1st 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.