



Membership Application Instructions

To apply for membership at Fort Bragg Federal Credit Union, simply complete the membership application, sign and mail it along with a photocopy of your government issued ID; your valid driver's license or passport to the Credit Union at:

Fort Bragg Federal Credit Union
Attention: Call Center
P.O. Box 70240
Fort Bragg, NC 28307

In order to make sure your application is complete and ready to process when we receive it, please review the following tips that correspond to the section on the membership application:

- A. **Member Information** – Complete all information. Please make **sure you complete the membership eligibility box** to qualify for your membership.
- B. **Account requested** – Please check all appropriate boxes.
- C. **Other Parties** – Please complete all information if there is going to be a joint applicant on the account. ***Joint applicants will have equal access to all funds on deposit under the membership account (e.g. savings, share draft, and Certificate of Deposit).***
- D. **Signatures** – After all steps are completed, please sign in black ink and have any joint owners sign in black ink.

MUST INCLUDE with completed Membership Application: (*applies to all names listed on application*)

- 1) Photocopy of Government Issued ID, valid driver's license or passport ***and***
- 2) Check or money order for \$5.00

You must deposit and maintain \$5.00 in your Savings Account to remain a member in good standing.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Proof of Identification will be required by the Credit Union. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

FORT BRAGG FEDERAL CREDIT UNION ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION				Member Number:	
A. Member Information: Print Your Full Legal Name [Including Middle and Suffixes – Jr., Sr.,]				Optional Account Password:	
IF YOUR ROLE IS OTHER THAN AS AN OWNER INDICATE YOUR ROLE BELOW: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> OTHER: (Describe: _____)		Title of Account [If Different from 1. Above. Example: Doe Family Living Trust:			
		Date of Birth:	Social Security Number:	Driver's License Number:	State of Driver's License:
Address (CANNOT BE A PO BOX):		Membership Eligibility:	Phone No.	Date Issued:	Expiration Date:
E-Mail Address to be used for Contact:		Other ID:	Other ID:	Other ID Number:	Cell Phone:
B. Account(s) Requested: [Select Accounts Using the Boxes Below. With the Exception of IRA Accounts, All Accounts Selected will be Jointly Owned if this Card Lists any "Joint Owner(s)"].					
<input type="checkbox"/> Regular Share Savings Account <input type="checkbox"/> Secure Checking Account <input type="checkbox"/> Basic Checking Account <input type="checkbox"/> Holiday Club Account		<input type="checkbox"/> Share Savings Certificate Account <input type="checkbox"/> IRA Savings Account <input type="checkbox"/> Youth Super Savings Account		<input type="checkbox"/> Other:	
C. OTHER PARTIES: <input type="checkbox"/> CHECK HERE IF JOINT OWNER(S) APPLYING FOR MEMBERSHIP AND PROVIDE ELIGIBILITY BELOW. Parties listed herein will be deemed joint owners unless you indicate another role on this account below: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> OTHER: (Describe: _____)					
C2. Full Legal Name: (please print)		Date of Birth:	Social Security Number:	Driver's License Number:	State of Driver's License:
Address (CANNOT BE A PO BOX):		Membership Eligibility:	Phone No.	Date Issued:	Expiration Date:
E-Mail Address to be used for Contact:			Other ID:	Other ID Number:	
Text Address to be used for Contact:		Optional Account Password:		Cell Phone:	
C3. Full Legal Name: (please print)		Date of Birth:	Social Security Number:	Driver's License Number:	State of Driver's License:
Address(CANNOT BE A PO BOX):		Membership Eligibility:	Phone No.	Date Issued:	Expiration Date:
E-Mail Address to be used for Contact:			Other ID:	Other ID Number:	
Text Address to be used for Contact:		Optional Account Password:		Cell Phone:	
D. AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND <u>ON THE REVERSE SIDE OF THIS CARD</u>. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. Transactions to/from any accounts may be limited until ID verification of all persons is completed.					
COMMUNICATIONS CONSENT: If an email address, cell number or text contact (together "contact") is provided above; or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via emailing, calling; texting or otherwise. This telephone or text contact may be by dialing the cell phone, autodialer, text or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.					
1. _____ Signature DATE			2. _____ Signature DATE		
3. _____ Signature DATE			4. _____ Signature DATE		
THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING					
<input type="checkbox"/> W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY: I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code (____ enter code here from W-9 Instructions), or (b) I have not been notified by the Internal revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien. Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.					
<input type="checkbox"/> W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY: Certification is provided on a separate document.					

SIGNATURES, CONSENTS AND AGREEMENTS: Each applicant, authorized user or other party signing this Card, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of Fort Bragg Federal Credit Union ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and the Membership Account Agreement and Disclosures, the Credit Union Truth-in-Savings Share Savings/Checking Rate and Fee Schedule, the Credit Union Term Share/IRA Certificates Rate Schedule and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may verify your eligibility or continued eligibility for membership, any account(s), service(s), or loan products; increases or decreases in services and/or credit limits, now and in the future; or as needed to comply with any applicable law, regulation or governmental agency requirements, you authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including consumer credit reports. You agree that this authority applies to any account, account-related service, loans or other financial products you request or which we may offer or make available to you. Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.**

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations. This designation applies to all accounts listed above or on any change forms / documents.

ACCOUNT SERVICES: (Select the services requested with regard to the account selected on the reverse side. NOTE: Some services are not available for certain accounts.)

- Debit Card*
 Prepaid Card
 Payroll Deduction/Direct Deposit*
 Overdraft Protection Program*

- Tel-Info*
 Home Banking/Bill Pmt.*
 Other: _____

IF APPROVED: Overdraft Line-of-Credit loan will make transfers from the accounts listed below in the order of priority listed:

1. Account or Loan Account No. _____
2. Account or Loan Account No. _____
3. Account or Loan Account No. _____

*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.

Credit Union Use Only:
Approval Notes: _____

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS (When you name more than one person your account will be paid pro-rata [e.g. 50/50 if 2 persons listed]).

1. Name: Address:	Relationship: Birth date:	SSN:
2. Name: Address:	Relationship: Birth date:	SSN:

Contingent Beneficiaries (Use Only if you Name a Single "Individual" Beneficiary Above). If you have named more than one primary beneficiary, then any election below will be disregarded. If the designated Single Individual POD beneficiary is deceased, then payable on the death of the account owner to the following Contingent Beneficiaries, in equal shares:

1. Name: Address:	Relationship: Birth date:	SSN:
2. Name: Address:	Relationship: Birth date:	SSN:

These POD designations only apply to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement.

CREDIT UNION NOTES: The above applicant(s) membership approved:

By: _____ Employee/Teller # _____

Account Opened: In Person By Mail Internet Indirect Lending Other: _____

Member/Owner/User Identification Verified via:

- | | | |
|---|---|--------------------|
| 1. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 2. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 3. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 4. <input type="checkbox"/> Driver's License. <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |

OFAC Verification: Passed and verified via Lexis Nexis Bridger Insight

Verified By: _____

Name Discrepancy: The Credit Union has resolved the name discrepancy on the documentation relied upon to open this account; and to insure proper governmental list-checking via: _____

FORT BRAGG FEDERAL CREDIT UNION
Wire Transfer Agreement

1. **Summary and Definitions.** The following rules shall apply to all wire transfer services provided by Fort Bragg Federal Credit Union. The terms and conditions of your Membership Agreement and Disclosures apply and are incorporated herein to the extent not expressly changed by this Agreement. As used in this agreement, the words “I,” “we,” “our,” or “Credit Union” shall apply to and mean ‘Fort Bragg Federal Credit Union.’ The words “you” and “your” shall apply to and mean the person(s) who has/have requested or utilized the wire transfer services stated herein. This Wire Transfer Agreement supersedes any inconsistent terms contained in any other or prior agreements and any previous Wire Transfer Notice or Request. This Agreement governs the movement of funds by means of funds transfers defined in Article 4A of the Uniform Commercial Code, and Subpart B of Regulation J of the Board of Governors of the Federal Reserve System (generally referred to as “Fedwire” or “wholesale” wire transfers). This Agreement does not apply to any transaction or any part of any transaction governed by the Electronic Funds Transfer Act and Regulation E (“EFTA/Reg E”) except as expressly provided otherwise in EFTA/Reg E. Further, to the extent that this Agreement varies any provision of Article 4A, or Regulation J, this Agreement shall govern, except where specifically prohibited by applicable law. This Wire Transfer Agreement is subject to modification, amendment, and/or termination upon five days’ written notice to you.

Certain Wire Transfers are “Remittance Transfers.” A “remittance transfer” is an electronic transfer of funds of more than \$15.00 requested by a sender to a designated recipient in a foreign country that is sent by a remittance transfer provider. Terms applicable to such transactions may vary from those disclosed herein as transfers that are not “remittance transfers” and : (1) Are disclosed in the terms of your Membership Agreement; (2) Any receipt we may provide to you in connection with a request for a remittance transfer; or (3) In spate provisions as designated herein.

2. **Services Available.** You authorize us to transfer funds in accordance with your request(s) to and from your account(s) with us, or to and from another institution or person. Transfers shall be made according to any security procedures we deem appropriate or as specifically agreed upon as provided herein. We may debit any of the accounts you designate as a source of payment for funds transfers and any related fees and service charges. We will have no obligation to accept or execute any payment order if (1) the account(s) from which it is to be made does not contain sufficient available collected funds; (2) the payment order is not authorized or does not comply with applicable security procedures; or (3) acting in good faith we have cause for rejecting the payment order. We may also accept on your behalf payments to your account(s); and such transfers shall be subject to the terms in this Agreement.
3. **Person(s) Authorized to Make Transfers.** You agree that you, any owner of an account, or any person authorized by a written instrument by you or any other owner, that is acceptable to us, may initiate, request, cancel, amend, or verify transfers on your account(s). We may rely on the authority of any person(s) designated by you or any joint owner until we receive written notice revoking or modifying that authority.
4. **Security Procedure(s).** When a payment order is issued by an account owner, the Credit Union’s security procedure may involve use of identification methods that may include photo identification requirements, signature verification, data/password verification, use of a personal identification number, and/or callback procedure by us. In certain situations, some or all of the above may be required. You agree that the security procedures established hereunder which we elect to utilize in any particular transaction are not commercially reasonable and you agree to comply in all respects with such procedures. You may choose not to allow outgoing funds transfers on your accounts by informing us in writing, in person, by phone or email via our secure internet banking service, and we shall honor such request if given a sufficient time on a business day to allow us to accommodate the request. If you have chosen not to allow funds transfers on your account, you may reinitiate the service via the same methods for disallowance. You authorize us to record any telephone communications regarding any transfer order, which we may maintain for any period of time we deem appropriate.
5. **Time Limitations for Acceptance of Orders.** We may establish and change cut-off times for the receipt and processing of funds transfer orders, amendments, or cancellations. For the services subject to this Agreement, our business days are our regular business hours and days of operation, excluding holidays. Any request received after 4:00 p.m. will be

processed on the following non-holiday weekday. Your request for transfer(s), amendments(s), and cancellations(s) is considered accepted when executed by us.

6. **Cancellation or Amendment of Transfer Request(s) and Termination.** Remittance Transfers to a beneficiary in a foreign country covered under Regulation E will be held for 30 minutes upon your receipt of our combined disclosure of your payment order. You may not be able to cancel or amend a request after it is received by us. However, we may, in our sole discretion, use reasonable efforts to act on your request for cancellation or amendment. Any request for cancellation or amendment is subject to applicable security procedure(s). We shall have no liability if such cancellation or amendment is not effected. Furthermore, you shall be solely liable for any and all damages arising or related to any amendment or cancellation; and agree to indemnify and hold us harmless from any and all liabilities, costs, and expenses we may incur in attempting to cancel or amend any transfer. The Credit Union may terminate this agreement with or without cause by giving thirty (3) days prior written notice. Notwithstanding the foregoing, we may terminate this Agreement immediately at any time upon telephone notification to you if (i) we reasonably deem the Credit Union insecure; (ii) you have breached this Agreement; or (iii) we become aware of information which may indicate illegal or improper transactions. In addition, we require thirty (30) days' notice from you to discontinue a "reoccurring funds transfer" that was previously authorized by you.
7. **Errors on Remittance Transfers.** The following rules apply to remittance transfer and apply to the extent they vary any of the other terms of this Agreement. If you think there has been an error or problem with your remittance transfer, call us, write us, or email us using the contact information listed on the back of this publication. You must contact us within 180 days of the date we promised to you that funds would be made available to the recipient. When you do, please tell us: (1) Your name and address [or telephone number]; (2) The error or problem with the transfer, and why you believe it is an error or problem; (3) The name of the person receiving the funds, and if you know it, his or her telephone number or address; (4) The dollar amount of the transfer and (5) The confirmation code or number of the transaction. We will determine whether an error occurred within 90 days after you contact us and we will correct any error promptly. We will tell you the results within three (3) business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of any documents we used in our investigation.
8. **Account Owners Instructions Identifying Beneficiary or Financial Institution.** You acknowledge and agree that when you provide us with the name and account number when requesting a transfer, that payment may be made solely on the basis of the account number even if the account number identifies a beneficiary different from the beneficiary named by you. Further, payment instructions identifying a beneficiary's financial institution name, routing, and transit number may result in payment solely on the basis of the routing and transit number even if the name of the institution does not correspond to said numbers. You further agree that your obligation to pay the amount of the wire transfer to us is not excused in such circumstances. Likewise, wire transfers received by us for your benefit may be paid by us solely on the basis of account number.
9. **Account Statements and Notices.** All transfers subject to this Agreement will be reflected on your periodic account statement(s). Notification of receipt of all such transfers will be provided by including such item in the periodic account statement(s) we provide to you. You may inquire whether a specific transfer has been received at any time during our normal business hours. You agree to review each statement or other notice for any discrepancies in connection with transfers. If you think a transfer is not authorized, wrong, or if you need more information about a transfer, you must contact us in writing upon discovery of the error or within **30** days after you receive the first notice or statement that reflects the discrepancy you allege, whichever is earlier. Failure to do so will relieve us of any obligation to pay interest or otherwise compensate you for the amount of any unauthorized or erroneous transfer.
10. **Remittance Transfers:** Wire transfer orders to a beneficiary in a foreign country covered under Regulation E will be held for 30 minutes upon your receipt of our combined disclosure of your payment order. You have the right to cancel a remittance transfer and obtain a refund of all funds paid to us, including any fees. In order to cancel, you must contact us at the phone number or e-mail address of the back of this publication within one (1) business day of payment for the transfer. When you contact us, you must provide us with information to help us identify the transfer you wish to cancel, including the amount and location where the funds were sent. We will refund your money within three (3) business days of your request to cancel a transfer as long as the funds have not already been picked up or deposited into a recipient's account.

11. **Method Used to Make the Wire Transfer.** We may select any means for the transmission of funds we consider suitable, including but not limited to the Credit Union's own internal systems or Fedwire. Any subsequent financial institution may also use Fedwire. Any use of Fedwire shall be governed by applicable Fedwire regulations. The Credit Union is not responsible for performance failure as a result of an interruption in transfer facilities, labor disputes, power facilities, equipment malfunctions, suspension of payment by another party, refusal or delay by another financial institution to accept the transfer, war, emergency conditions, fire, earthquake, or other circumstances not within our control.
12. **Limitation of Credit Union's Liability.** In addition to any defense or exception from liability provided in under applicable law, we shall only be responsible for performing the funds transfer service provided in this Agreement pursuant to the instruction you give (when acceptable to us and under applicable law) and shall be liable only for our failure to act with "ordinary care" or if we act with willful misconduct, which shall be limited to actual damages; and in no matter or case shall we be liable for any special, indirect, exemplary, consequential, or punitive damages (including lost profits). Further, we shall in no case be responsible for the payment of any attorneys' fees or other legal expenses. If we become obligated to pay dividends to you under applicable law, you agree that the dividend rate shall be equal to the dividend rate applicable to the account on which the transfer was made. If you make a request which instructs us to wire funds to any foreign county, we have no liability arising or relating to length of time necessary to complete such transactions provided we have acted with ordinary care; and without willful misconduct.
13. **Your Liability to the Credit Union.** You shall be liable to us for and shall indemnify and hold us harmless from any and all claims, causes of action, damages, expenses (including reasonable attorney's fees and other legal expenses), liabilities, and other losses resulting from acts, omissions, or provision of invalid or inaccurate data by you.
14. **Provisional Payment.** We may in our sole discretion give you a credit for automated clear house (ACH) payments or wire transfers before we receive final settlement of the funds transfer. We reserve the right to reject any such payment or transfer without liability to you. Any such credit is provisional until we receive final settlement. If we do not receive such settlement, we are entitled to a refund from you in the amount provisionally credit.
15. **Choice of Law.** Except as otherwise required by applicable law, this Agreement and any dispute arising hereunder or relating hereto shall be construed and governed by the laws of the State of North Carolina.
16. **Fees.** We will charge you a fee of \$15.00 for outgoing domestic wires and \$45.00 for outgoing international wires.

I/We have read the above Wire Transfer Agreement and agree to its terms and conditions.

Print Full Name _____ Date _____

Account Owner's Signature: _____

Print Full Name _____ Date _____

Account Owner's Signature: _____