

Instructions

- Please read the our [Membership Agreement and Disclosure](#)
- Complete the Account Card
- If mailing application to Commonwealth One, sign in the presence of a notary and include the signed document with the Account Card.
- Mail the Account Card and Notary form along with a \$5 check or money order:

CommonWealth One Federal Credit Union
 Attn: New Accounts
 P.O. Box 9997
 Alexandria, VA 22304-0797

Important Information about Procedures for Opening a New Account

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 for you: When you open an account, we will ask 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.

You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request.

NOTARY

Member Signature

Joint Member

Joint Member

Document: Commonwealth One Federal Credit Union Account Card

I, _____, a notary public for _____ County in the State of _____, do hereby certify that _____ personally appeared before me with identification proving self and acknowledged his/her execution of the Commonwealth One Account Card Document.

Witness by my hand and official notary, this _____ day of _____, 20____.

(NOTARY SEAL)

NOTARY’S PRINTED NAME

SIGNATURE

My Commission Expires: _____



ACCOUNT CARD NEW UPDATE REMOVE

HOW DID YOU HEAR ABOUT US?		
<input type="checkbox"/> Friend, Family, or Co-worker	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Internet Search
<input type="checkbox"/> Commonwealth One Employee	<input type="checkbox"/> Metro/Bus Ad	<input type="checkbox"/> Business Group
<input type="checkbox"/> Employer	<input type="checkbox"/> Event	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Social Media	<input type="checkbox"/> Radio Ad	_____
<input type="checkbox"/> James Madison University Orientation		_____

Important information about opening a new account. To help our 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 when opening a new account. When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We will also ask to see valid photo identification.

MEMBER/OWNER INFORMATION

Member No.		
Member/Owner Name:	SSN/TIN:	Date of Birth:
Physical Address-Street/City/State/Zip:	ID Type:	
	ID Number:	
Mailing Address-Street/City/State/Zip:	ID Exp. Date:	ID Issuing Date:
	ID Issuing Authority:	
Primary Phone:	Other/Work Phone:	E-Mail:
Mother's Maiden Name:	Occupation:	Employer:

MEMBERSHIP ELIGIBILITY

Employer or Organization _____ Immediate family or household member _____

Virginia Consumer Council: I confirm by opening an account with Commonwealth One via the Virginia Consumer Council (VACC) that I will be a VACC member. VACC is a consumer educational and advocacy organization. Visit vaconsumercouncil.org for more information. Initial here: _____

ACCOUNT TYPE	ACCOUNT SERVICE
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<input type="checkbox"/> Share/Savings <input type="checkbox"/> Checking (type) _____ <input type="checkbox"/> Share Certificate <input type="checkbox"/> Money Management <input type="checkbox"/> Money Management Plus	<input type="checkbox"/> Holiday Club <input type="checkbox"/> Vacation Club <input type="checkbox"/> IRA <input type="checkbox"/> Other _____
<input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> Bill Pay <input type="checkbox"/> Online Banking, Mobile Apps, E-Statements <input type="checkbox"/> OneLine Loan	<input type="checkbox"/> Visa® Debit Card <input type="checkbox"/> Overdraft Privilege Opt-in for Check Card Transactions <input type="checkbox"/> Overdraft Protection (Indicate transfer Priority): _____

ACCOUNT OWNERSHIP – Complete this section if you are requesting joint owners on your share or deposit accounts.

Designate the ownership of the accounts and responsibility for the services requested.

<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owners of the account. X _____ Signature Member/Owner X _____ Signature Joint Owner X _____ Signature Joint Owner	<input type="checkbox"/> Joint account without Rights of Survivorship On the death of the owner of the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust, or intestacy. X _____ Signature Member/Owner X _____ Signature Joint Owner X _____ Signature Joint Owner
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Joint Owner		
Physical Address - Street/City/State/Zip:	SSN/TIN:	Date of Birth
	ID Type (Driver's Lic.):	
Mailing Address - Street/City/State/Zip:	ID Number (License No.):	
	ID Exp. Date:	
Primary Phone:	ID Issuing Authority:	ID Issuing Date
Work/Secondary Phone:	E-mail:	
Employer:	Occupation:	

Joint Owner		
Physical Address - Street/City/State/Zip:	SSN/TIN:	Date of Birth
	ID Type (Driver's Lic.):	
Mailing Address - Street/City/State/Zip:	ID Number (License No.):	
	ID Exp. Date:	
Primary Phone:	ID Issuing Authority:	ID Issuing Date
Secondary/Work Phone:	E-mail:	
Employer:	Occupation:	

ACCOUNT DESIGNATIONS - Complete this section if there will be beneficiaries on your share or deposit account(s).

Payable on Death (POD) All Accounts

SSN/TIN: _____
Date of Birth: _____
Beneficiary/POD Payee: _____
Street: _____
City/State/Zip: _____

SSN/TIN: _____
Date of Birth: _____
Beneficiary/POD Payee: _____
Street: _____
City/State/Zip: _____

VUTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:
Custodian 1: _____
Name: _____
Address: _____
Phone: _____
Date of Birth: _____
W/TIN: _____
As custodian(s) for: _____

The account(s) listed in the "ACCOUNT TYPE" section is/are held by:
Custodian 2: _____
Name: _____
Address: _____
Phone: _____
Date of Birth: _____
SSN/TIN: _____
As custodian(s) for: _____

Under the Virginia Uniform Transfers to Minors Act
As custodian(s) for _____ Minor _____ Minors SSN/TIN _____ Minor(s) Age _____

VUTMA CUSTODIAL DESIGNATION AND INFORMATION

Pursuant to the Virginia Uniform Transfers to Minors Act, I hereby designate:

_____ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian _____ Date _____ Witness _____ Date _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under the penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- 2) I am not subject to backup withholding because : (a) I am exempt from backup withholding, 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exempt from FATCA reporting code (if any) _____

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request in writing, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

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

X
SIGNATURE DATE
X
SIGNATURE DATE

X
SIGNATURE DATE
X
SIGNATURE DATE

CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Changed By: _____ Membership Officer Approval: _____

Government List(s) Checked: Treasury CIP List OFAC Approved By: _____
List Verification Completion Date: _____ By: _____

Credit Report Qualifile OFAC Verification Phone One PIN Online Banking Verification POS/ODP