

LIFETIME MEMBERSHIP AND ACCOUNT APPLICATION

To join, complete membership application and return it with initial minimum deposit of \$50.00 or Nordstrom payroll deduction authorization for SAVINGS (\$25.00 minimum) to Nordstrom Federal Credit Union, PO Box 1130, Seattle WA 98111-1130. DO NOT MAIL CASH. The initial minimum deposit requirement of \$50.00 must remain to keep the account open.

PERSONAL INFORMATION

FULL NAME _____		BIRTH DATE _____	DRIVER LICENSE # & STATE _____	
SOCIAL SECURITY # _____		MOTHER'S MAIDEN NAME _____		
STREET ADDRESS _____		CITY _____	STATE _____	ZIP _____
MAILING ADDRESS _____		CITY _____	STATE _____	ZIP _____
() _____	() _____	E-MAIL ADDRESS _____		
HOME PHONE _____	WORK PHONE _____			

MEMBER TYPE: EMPLOYEE SPOUSE* CHILD* OTHER IMMEDIATE FAMILY MEMBER* RETIRED EMPLOYEE

* SPONSORING MEMBER: _____
(Family members must have an NFCU member as a sponsor)

EMPLOYEE ONLY INFORMATION: EMPLOYEE # _____ STORE # _____

JOINT OWNER INFORMATION

Joint account with right of survivorship. If account owner is minor child, a parent who is an NFCU member must be joint owner.

FULL NAME _____		BIRTH DATE _____	DRIVER LICENSE # & STATE _____	
SOCIAL SECURITY # _____		MOTHER'S MAIDEN NAME _____		
MAILING ADDRESS _____		CITY _____	STATE _____	ZIP _____
() _____	() _____	E-MAIL ADDRESS _____		
HOME PHONE _____	WORK PHONE _____			

RELATIONSHIP TO PRIMARY MEMBER _____

PRODUCTS AND SERVICES

Please check the box next to all products and services you are requesting or adding to your existing Credit Union relationship. If you have questions about a product or service call us or go to www.nordcu.org. We may call you when we receive this Application if we have a question about your request. After approval of your products and/or service request, we will contact you either by telephone, e-mail or mail, and provide to you disclosures required by law and other pertinent information. If after reviewing the disclosures and information you do not agree to the conditions of a product or service contact us immediately.

SAVINGS/CHECKING SERVICES

Savings Account – Required for every member
 Individual Account Joint Account

Easy Start Checking Account
 Individual Account Joint Account

Smart Start Checking Account
 Individual Account Joint Account

ATM/CHECKCARD SERVICES - Visa CheckCard/ATM Card – Cardholder must be on account

Individual Name _____ Joint Name _____
(Provides access to both savings and checking, if applicable)

DIRECT DEPOSIT – Separate authorization forms each for SAVINGS and CHECKING are available from your Nordstrom Human Resource Departments.

ELECTRONIC DISCLOSURES/EMAIL STATEMENTS

- Your statement will be sent to the following email address. Statements are compressed, encrypted, and password-protected. Please supply a password. Adobe Acrobat reader is required to view your statement.

Yes, Sign me up for email statements. I/We agree to receive any required disclosures or information, by electronic communication which means a message transmitted electronically in a visual text format viewable on equipment such as a personal computer monitor.

Four Digit Password _____

E-Mail Address Required _____

INTERNET BANKING/BILL PAYER - Visit www.nordcu.org to register online for these services.

BENEFICIARY FOR PAYABLE ON DEATH (P.O.D.)

P.O.D. (PAYABLE ON DEATH) ACCOUNT AGREEMENT: I/We agree with the Credit Union that the person(s) named below is/are designated as P.O.D. payee(s). Upon my death or the death of the last survivor of us, all funds shall be owned and payment shall be made at the request of any surviving P.O.D. payee(s). This does not apply to IRA account funds.

BENEFICIARY NAME SOCIAL SECURITY # (if known, but not required)

STREET ADDRESS CITY STATE ZIP

(_____)_____
PHONE NUMBER DATE

BENEFICIARY NAME SOCIAL SECURITY # (if known, but not required)

STREET ADDRESS CITY STATE ZIP

(_____)_____
PHONE NUMBER DATE

TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING CERTIFICATION

(SEE W-9 INSTRUCTIONS ATTACHED)

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number **and** (2) I am NOT, unless noted below, subject to backup withholding because (a) I am exempt, or (b) I have not been notified 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).

I am subject to backup withholding
(Cross out item 2)

I am not a U.S. citizen or resident
(Complete an IRS W8BEN)

SIGNATURE

I hereby make application for membership in and agree to be bound by and conform to the by-laws, rules, regulations and policies now in effect and as amended or adopted in the future by Nordstrom Federal Credit Union including purchasing and maintaining one share in the Credit Union consisting of \$50.00 in my savings account.

By signing below, I/We acknowledge receipt of the Account Agreement and Disclosures, including current Rate and Fee Schedule, Privacy Policy and Electronic Funds Transfer Disclosure and have read all appropriate Disclosure Statements and Agreements. I/We agree to the terms, conditions and information contained in as well as this Membership and Account Application and its amendments which by this reference is incorporated herein. I/We agree to pay any charges or fees which may be required or assessed under the by-laws, rules, regulations and policies of Nordstrom Federal Credit Union. I/We authorize the credit union to check account, credit and employment history in establishing this account or other related financial services and to obtain consumer credit reports to process such applications as submitted now or in the future.

I/We irrevocably waive rights to dispose of nonprobate assets under any existing or future will for my accounts at the Credit Union. I understand that the funds in my account(s) will pass outside of my will to joint owners if any are designated on my account and further passing to account beneficiaries if I/we so choose.

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

Member (Account Owner) Signature Date

Joint Member (Joint Account Owner) Signature Date

**NORDSTROM
FEDERAL CREDIT UNION**

www.nordcu.org
PO Box 1130
Seattle WA 98111-1130
206-774-2900/Tie Line 8-861-2900
1-800-6-NORDCU (800-666-7328)

Your savings federally insured to at least \$100,000
and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency

FOR CREDIT UNION USE ONLY –

Representative:
Date Opened:

This Application for Membership Approved by:
Signature:
Date Approved: