

## **Membership Application**

Mambarahin Eligibility Deguired, Voy ore cligible if you are an amplayed	TE: MEME	BER NO:
		ergy, or a household or immediate family
member of a current Dominion Energy Credit Union member. See website for d IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NE	etails. <b>W. ACCOUNT:</b> To help the governmen	t fight the funding of terrorism and money
laundering activities, federal law requires all financial institutions to obtain, verify,	and record information that identifies eac	ch person when opening a new account.
What this means for you: When you open an account, we will ask for you identify you. We may also ask to see your driver's license or other identify	our name, address, date of birth, and	d other information that will allow us to
MEMBER/OWNER INFORMATION Update	ing documents.	
	CCN/TINI-	
Member/Owner Name (First, MI, Last):  Mailing Address:	SSN/TIN: ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Email: Home Phone:	Mobile Phone:	Work Phone:
Work Location/Interoffice Address:	Verbal Password:	
Eligibility: (check one) Dominion Energy: Employee Retiree	Contractor Eligible Employee	Group
Immediate family member or household member of eligible member (mem		
The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKU	IP WITHHOLDING INFORMATION" sec	ion apply to the member/owner listed above.
ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services req	uested.	
Individual		
Joint Account with Rights of Survivorship	☐ Joint Account without Rights	of Survivorship
On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.	On the death of an owner of the	e account, the deceased owner's interest in
in the deceding paceed to the surviving similar(e) of the deceding	the account passes as a part of t	ne owner's estate by will, trust or intestacy.
V		
X	X	
Signature Member/Owner	Signature Joint Owner	
JOINT OWNER/AUTHORIZED SIGNER INFORMATION	Add Update Re	emove
Joint Owner UTMA Custodian Agent	Other Authorized Signer (Describe):	
John Owner Agent	Other Admonized digher (Describe)	See Account Authorization Card
Name #1:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip: Email: Home Phone:	ID Exp. Date:  Mobile Phone:	Date of Birth: Work Phone:
Email. Home more.	WODIE I HOTE.	WORK I HORE.
ACCOUNT DESIGNATIONS		
Payable on Death (POD)/Trust Account All Accounts De	signate Specific Accounts:	
	signate Specific Accounts:	Remove
Add Update Remove	Add Update	Remove
Add Update Remove  Beneficiary/POD Payee:	Add Update Beneficiary/POD Payee:	Remove
Add Update Remove  Beneficiary/POD Payee: Street:	Add Update  Beneficiary/POD Payee:  Street:	Remove
Add Update Remove  Beneficiary/POD Payee:	Add Update Beneficiary/POD Payee:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN:	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN:	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date  UTMA CUSTODIAL DESIGNATION AND INFORMATION	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date	Add Update  Beneficiary/POD Payee:  Street:  City/State/Zip:  SSN:	Remove
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date  UTMA CUSTODIAL DESIGNATION AND INFORMATION The account(s) listed in the "ACCOUNT TYPE" section is/are held by: Custodian 1: Name:	Add Update  Beneficiary/POD Payee: Street: City/State/Zip: SSN:  Custodian 2: Name:	
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date  UTMA CUSTODIAL DESIGNATION AND INFORMATION The account(s) listed in the "ACCOUNT TYPE" section is/are held by: Custodian 1: Name: Physical Address:	Add Update  Beneficiary/POD Payee: Street: City/State/Zip: SSN:  Custodian 2: Name: Physical Address:	
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date  UTMA CUSTODIAL DESIGNATION AND INFORMATION The account(s) listed in the "ACCOUNT TYPE" section is/are held by: Custodian 1: Name: Physical Address: Phone:	Add Update  Beneficiary/POD Payee: Street: City/State/Zip: SSN:  Custodian 2: Name: Physical Address: Phone:	
Add Update Remove  Beneficiary/POD Payee: Street: City/State/Zip: SSN: Agency All Accounts Designate Specific Accounts Name of Agent:  X  Signature Date  UTMA CUSTODIAL DESIGNATION AND INFORMATION The account(s) listed in the "ACCOUNT TYPE" section is/are held by: Custodian 1: Name: Physical Address:	Add Update  Beneficiary/POD Payee: Street: City/State/Zip: SSN:  Custodian 2: Name: Physical Address:	

ITMA DESIGNATION OF SUCCESSOR CUSTODIAN		
ursuant to the Virginia Uniform Transfers to Minors Act, I hereby designate:		
	TYPE" section. This designation shall take effect only upon my death,	
esignation, incapacity or removal.		
(	X	
ignature of Custodian Date	Witness Date	
SERVICES YOU ARE REQUESTING		
asic Accounts	Holiday Club and High-Yield Savings	
X Savings (required to join) ATM Card	Holiday Club / Amt. \$ per paycheck*	
**No deposit required to join if doing payroll deduction**	Wealth Maximizer Money Mkt. Savings (\$50k Avg. Daily Bal.)	
FREE checking with eStatements and Visa® Debit Card	Wealth Builder Money Mkt. Savings (\$25k Avg. Daily Bal.)	
Includes a free set of checks and overdraft protection	Savings Certificate 6 mo. 1 yr. 2 yrs. 3 yrs. 5 yrs.	
utomatic Denocite	Other:	
utomatic Deposits  Payroll deduction*	X FREE Private Teller Automated Telephone Service Sign up online for Online Banking, FREE Bill Payer** and eStatements. ***	
(deposits from paycheck - Dominion Energy employees only)		
aid: Monthly Bi-Weekly		
mt. \$ per paycheck to	Please Note: \$5.00 minimum deposit to savings required to join if you are	
mt. \$ per paycheck to	not signing up for payroll deduction. \$1,000.00 minimum savings certificate deposit.	
Virect Deposit - Dominion Energy employees use My SAP Workspace.		
therwise, contact your employer.	* For Dominion Energy employees only.  **Bill Payer payments in excess of 50 per month will incur a \$0.50 per transaction fee.	
oin first and then apply for additional services anytime!	***Paper statement mailing fee may be imposed if certain criteria are not met.	
IN CERTIFICATION AND BACKUP WITHHOLDING INFOR	RMATION	
citizen or U.S. resident alien; a partnership, corporation, com laws of the United States; an estate (other than a foreign estate (4) The FATCA code(s) entered on this form (if any) indicating that certification Instructions. Check the box for item 2 above if you have bee	en notified by the IRS that you are currently subject to backup withholding because	
complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed Exempt payee code (if any)	checking this box, this serves to strike out the language related to underreporting. d, your signature does not serve to certify this section.  Exemption from FATCA reporting code (if any)	
	Exemplion nontrivitor reporting code (if any)	
AUTHORIZATION		
visclosure, Funds Availability Policy Disclosure, if applicable, and to any an We acknowledge receipt of the agreements and disclosures applicable to equested and provided, I/we agree to the terms of and acknowledge receint conditions, form of account ownership, account selection and other informat	ns of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy mendment the Credit Union makes from time to time which are incorporated herein. In the accounts and services requested herein. If an access card or EFT service is eipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, ion indicated on this document applies to all of the accounts listed unless the credit difference herein amend the previously signed Member Services Request(s), and are subject	
The Internal Revenue Service does not require your consent to any provithholding.	ovision of this document other than the certifications required to avoid backup	
<b>(</b>	X	
lember/Owner Date	Joint Owner/Authorized Signer Date	
HECK ORDER FORM -A FREE SET OF CHECKS WITH NEW CHECKING	ACCOUNT	
Variet	Account NumberCheck Style _ Deminion Energy Custom Check	
Street City/State/Zip	Check Style – Dominion Energy Custom Check Starting Check Number	
Other Information	Please allow at least 10-14 business days of delivery	
OR CREDIT UNION USE ONLY Check Verify	Checks Ordered - by	
Date of Membership	Opened/App'd by	
Private Teller Audio Response	Online BankingSet up by	
CR for Dobit Confirm, Sont	Email Services: Set up by	
CP for Debit Confirm. Sent		