

APPLICATION

MEMBER APPLICATION

 New Change Adding Service(s)

First Name _____ M.I. _____ Last Name _____
 SSN/TIN _____ Driver's Lic. No. _____ Birth Date _____
 Address _____
 City _____ State _____ Zip _____ Mother's Maiden Name _____
 Street Address (if different from above) _____
 Home Phone _____ Work Phone _____ Mobile Phone _____
 Email Address _____ Employer _____
 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 (member name _____)

SERVICES YOU ARE REQUESTING

Basic Accounts

Savings (required to join) ATM Card
 No deposit required to join if doing payroll deduction
 FREE checking with eStatements and Visa® Debit Card
Includes 50 free checks and overdraft protection

Payroll Deduction* and Direct Deposit

Payroll Deduction: Monthly Bi-Weekly Weekly
 Amt. \$ _____ per paycheck to _____
 Amt. \$ _____ per paycheck to _____

Direct Deposit – Dominion Energy employees use ESS. Otherwise, contact your employer.

**For Dominion Energy employees only.*

Join first and then apply for additional services anytime!

Christmas Club and High-Yield Savings

Christmas Club / Amt. \$ _____ per paycheck*
 Issue Check Deposit to Checking
 Wealth Maximizer Money Mkt. Savings (\$50k Avg. Daily Bal.)
 Wealth Builder Money Mkt. Savings (\$25k Avg. Daily Bal.)
 Savings Certificate 6 mo. 1 yr. 2 yrs. 3 yrs. 5 yrs.
 Other _____

24-Hour Account Access

FREE Private Teller Automated Telephone Service
 Sign up online for Online Banking, FREE Bill Payer** and eStatements.***

Please Note: \$5.00 minimum deposit to savings required to join (may be deposited through payroll deduction). \$1,000.00 minimum savings certificate deposit.

**Bill Payer payments in excess of 50 per month will incur a \$0.50 per transaction fee.
 ***Paper statement mailing fee may be imposed if certain criteria are not met.

JOINT ACCOUNT OWNER (IF APPLICABLE)

Government photo identification required to add joint owner. Email Address _____
 Name _____ SSN/TIN _____
 Driver's Lic. No. _____ Birth Date _____ Mother's Maiden Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Mobile Phone _____

ACCOUNT DESIGNATIONS

All Accounts Designate Specific Account(s) _____
 (1) Payee/Beneficiary _____ (2) Payee/Beneficiary _____
 Address _____ Address _____
 UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
 Minor's TIN/SSN _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for the 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, (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 Form W-8BEN if you are not a U.S. person. If a Form W-8BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

SIGNATURES – Please read before signing

By signing below, you certify that the information on this Account Card (front/back) is complete, true, and submitted for purpose of obtaining the accounts and services requested. By signing below for membership, you are also signing up for free Private Teller Automated Phone Transaction Service and free Online Banking. By opening a savings account you are also applying for an ATM card. By applying for checking, you are also applying for a debit card. You agree (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Account Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to terms of the following Agreements applicable to the accounts and services requested. You acknowledge receipt and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time that are incorporated herein. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications above.

ACCOUNT OWNERSHIP

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

- Individual
- Joint with 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.
- Joint without survivorship – On the death of an 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 _____ Date _____

Signature (Owner)

X _____ Date _____

Signature (Joint Owner, if applicable)

Proof of Identification may be required by the Credit Union. Please be prepared to provide a government-issued identification card.

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, street address, date of birth and other information that will allow us to positively identify you. We may also ask to see your driver’s license or other identifying documents.

→ **PLEASE NOTE:** A \$5 deposit to regular savings is required to join (may be deposited through payroll deduction). **If you are not a Dominion Energy employee,** please send a copy of a valid government-issued picture identification card.

Federally Insured by NCUA.

CHECK ORDER FORM – 50 FREE CHECKS WITH NEW CHECKING ACCOUNT

Name(s) _____
 Street _____
 City/State/Zip _____
 Other Information _____

Account Number _____
 Check Style – Dominion Energy Custom Check (#920)
 Starting Check Number _____
 Please allow at least 10-14 business days for delivery.

FOR CREDIT UNION USE ONLY Check Verify _____
 Date of Membership _____
 Private Teller Audio Response _____
 ATM/Debit Card _____
 CP for Debit Confirm. Sent _____

Checks Ordered – by _____
 Opened/App’d by _____
 Online Banking _____
 Email Services: Set up by _____

Rates and additional applications are available at DominionEnergyCU.org.

Interoffice Mail
 15th Floor, VA-OJRP

Please complete and fax or mail the application to:
 Dominion Energy Credit Union • One James River Plaza
 PO Box 26646, Richmond, VA 23261-6646
 Fax to 804.771.3768