

**Neiman Marcus Group
Employees Federal Credit Union**

1618 Main St.
Dallas, TX 75201
214-573-5322
Toll Free 800-937-9146

**MEMBERSHIP
APPLICATION & AGREEMENT**

Account Number

Account Type(s): Savings Club Checking

Account Ownership: Single Party Account Single Party Account With POD (Pay On Death) Designation
 Multiple Party Account With Right Of Survivorship
 Multiple Party Account With Right Of Survivorship And POD (Pay On Death) Designation
 Multiple Party Account Without Right Of Survivorship

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You 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.

Primary Owner Information Member Other Specify: _____ Are You a Non-Resident Alien? Yes No

Name					Employee PIN	
Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License/State	Email Address		
Physical Address			City	State	Zip Code	
Mailing Address (if different than above)			City	State	Zip Code	
Home Phone	Work Phone		Cell Phone		Store Number	

Owner 2 Information Joint Owner Custodian Other Specify: _____

Name					Employee PIN	
Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License/State	Email Address		
Physical Address			City	State	Zip Code	
Mailing Address (if different than above)			City	State	Zip Code	
Home Phone	Work Phone		Cell Phone		Store Number	

Pay On Death Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____ SSN _____

Name _____ SSN _____

VISA Debit Card/Audio Response Service/Virtual Branch/Mobiliti

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, and will also allow You to pay for services and purchases directly from Your checking account.

You would like: VISA Debit Card Audio Response Service Virtual Branch Mobiliti

Payroll Deduction Authorization

You hereby designate Your employer to deduct from each pay period's payroll the amount(s) shown below and forward said amount(s) to the Credit Union in order to be credited to the deposit account(s) shown below.

\$ _____ to Savings \$ _____ to Club \$ _____ to Checking

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You hereby apply for membership with Neiman Marcus Group Employees Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Neiman Marcus Group Employees Federal Credit Union in effect from time to time. You acknowledge that You have received a copy of the Agreements and Disclosures related to Your Account(s), that You have read it (including the Account Agreement), and You agree to be bound by the terms and conditions therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Neiman Marcus Group Employees Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicants (Primary Member) Signature

Date

Owner 2 Signature

Date

Credit Union Use Only

OFAC

Membership Officer Approval