

# MEMBER ACCOUNT AGREEMENT

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**OWNERSHIP OF ACCOUNT:** The ownership specified on this agreement will remain the same for all accounts listed below.

- INDIVIDUAL       TRUST - SEPARATE AGREEMENT DATED:  
 JOINT - WITH SURVIVORSHIP (and not as tenants in common)       JOINT - NO SURVIVORSHIP (as tenants in common)

REVOCABLE TRUST OR  PAY-ON-DEATH DESIGNATION AS DEFINED IN THE ACCOUNT TERMS AND CONDITIONS. Name and Address of Beneficiaries: \_\_\_\_\_

DATE OPENED \_\_\_\_\_ OPENED BY \_\_\_\_\_

INITIAL AMOUNT \$ \_\_\_\_\_ FORM:  CASH  \_\_\_\_\_

Form of Identification: \_\_\_\_\_

Name and address of someone who will always know your location: \_\_\_\_\_

All New Accounts will be verified through: \_\_\_\_\_

I qualify for membership in this Credit Union because \_\_\_\_\_

**ADDITIONAL INFORMATION:**

CHECKING/SHARE DRAFT       MONEY MARKET       \_\_\_\_\_

TYPE OF ACCOUNT  
 SAVINGS/SHARE SAVINGS       \_\_\_\_\_       \_\_\_\_\_

By signing below the undersigned agree to the by-laws of this Credit Union and applicable account terms and conditions, as amended from time to time; to pay any membership or entrance fee; and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

- Funds Availability       Electronic Fund Transfers       Truth in Savings  
 Substitute Checks       Privacy       \_\_\_\_\_

ACCOUNT OWNER NAME & ADDRESS      Member No./Account No. \_\_\_\_\_

## SIGNATURES

(1):  
X

(2):  
X

(3):  
X

(4):  
X

NUMBER OF SIGNATURES REQUIRED FOR WITHDRAWAL \_\_\_\_\_  This is a Temporary account agreement.

AGENTS - THE INDIVIDUAL SIGNING ABOVE ON LINE(S) \_\_\_\_\_ IS SIGNING AS:

- Power of Attorney - agreement on file       A Successor Custodian of a UTMA account       Parent/Guardian  
 Authorized Signer       \_\_\_\_\_

### BACKUP WITHHOLDING CERTIFICATIONS

TIN: SS# \_\_\_\_\_

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - I am not subject to backup withholding either because 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 the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE - I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X \_\_\_\_\_ (Date)  
Sign

Data	<del>X</del> Owner/Signer Info	<del>X</del> Owner/Signer Info
Name		
Relationship to Account (owner and/or signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		
Other ID (Description, Details)		
Employer's Name & Address		
Previous Financial Institution		
Membership Qualification/ Relationship to Member		

Data	Owner/Signer Info	Owner/Signer Info
Name		
Relationship to Account (owner and/or signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date		
Other ID (Description, Details)		
Employer's Name & Address		
Previous Financial Institution		
Membership Qualification/ Relationship to Member		

Minnesota law requires the following information to be provided by one applicant if this is a transaction account.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ I.D. No. \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Bus. Telephone \_\_\_\_\_

Have you had a transaction account at this or another financial intermediary within 12 months before making this application?  
 Yes  No Name of Institution: \_\_\_\_\_

Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application?  
 Yes  No Reason: \_\_\_\_\_

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application?  
 Yes  No

Verified By: \_\_\_\_\_

I.D. No. verified with the Dept. of Public Safety records on \_\_\_\_\_

I am an employee of this financial intermediary and I have known the applicant for at least 1 year prior to the date of this \_\_\_\_\_

CREDIT UNION USE ONLY	Member Approved By _____	Date _____
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