

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

| | | |
|---|-------------------------|------------|
| Member/Owner: | | Member No: |
| Street: | SSN/TIN: | |
| City/State/Zip: | Driver's Lic. No: | |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Date of Birth: | |
| Work Phone: | Password: | |
| E-mail: | Membership Eligibility: | |
| Employer: | Employer's Address: | |

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

| | |
|---|-------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account All Accounts Designate Specific Accounts _____

POD Payee: _____ POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____

UTMA (as custodian for _____ (minor) under the Minnesota Uniform Transfers to
 Minors Act)
 Minor's SSN/TIN: _____

Agency Print Name of Agent: _____ Date: _____
 Signature: _____

All Accounts Designate Specific Accounts _____

Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

| | |
|---|--|
| Suffix | Suffix |
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> HSA: _____ |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> Other: _____ |

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

