

MEMBER #

219 Main St SE, #500, Minneapolis, MN 55414

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 below unless the credit union is notified in writing of a change.

Share/Savings Share Certificate

The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____

Street _____

City/State/Zip _____

Home Phone _____ unlisted

E-mail _____

Co-op membership: _____

SSN/TIN _____ Date of Birth _____

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,
- (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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we 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 which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the electronic funds transfer agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

Signature _____ Date _____

ACCOUNT OWNERSHIP

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

Individual Joint Account w/ Survivorship Joint Account w/out Survivorship

Joint Owner _____

Street _____

City/State/Zip _____

Home Phone _____ unlisted

E-mail _____

Co-op membership: _____

SSN/TIN _____ Date of Birth _____

Joint Owner _____

Street _____

City/State/Zip _____

Home Phone _____ unlisted

E-mail _____

Co-op membership: _____

SSN/TIN _____ Date of Birth _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee _____

Street _____

City/State/Zip _____

Agency Print name of Agent _____

Signature _____

All Accounts Designate specific account(s) _____

UTMA/UGMA (as custodian for _____ (minor)

under the Uniform Transfers/Gifts to Minors Act) Minor SSN/TIN _____

Other _____ See Account Authorization Card

NC staff date and initial

Membership fee

Photo copy of identification