

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES 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 when opening a new account.
What this means for you: When you open an account, we will ask 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.

You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request.

QUALIFICATIONS FOR MEMBERSHIP

For new accounts only, complete each question as it applies to you.

I live, work, worship, volunteer, attend school or do business in the county of _____ in Minnesota.

I work for _____.

I have a family or household member (spouse, blood or adoptive relative, stepparent, stepchild or stepsibling) that is a member of SPIRE. Yes No

I am a member of Federated Coops (located anywhere). Yes No

I live in Wisconsin. Yes No

MEMBER/OWNER INFORMATION

Update Account Information Name Change

Member/Owner Name:	SSN/TIN:
Mailing/Alternate Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Primary Phone:	E-Mail:
Secondary/Cell Phone:	Alternate Mail Expiration Date:
Work Phone: Employer:	Occupation/Title:

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA Custodian POA Other Authorized Signer (Describe): _____
 Add Remove Update Account Information Name Change See Account Authorization Card

Name:	SSN/TIN:
Mailing Address:	ID Type:
City/State/Zip:	ID Number:
Physical Address:	ID Issuing State: ID Issuing Date:
City/State/Zip:	ID Exp. Date: Date of Birth:
Primary Phone:	E-Mail:
Secondary/Cell Phone:	Employer:
Work Phone:	Occupation/Title:

ACCOUNT TYPES

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Budget Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Holiday Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Money Market: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> HSA Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> HSA Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove



ACCOUNT SERVICES

<input type="checkbox"/> eStatements: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update
<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Indicate transfer priority:
<input type="checkbox"/> Audio Response: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	1. _____ 2. _____
<input type="checkbox"/> Internet Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	3. _____ 4. _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

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

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 a 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, or (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 W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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CERTIFICATION OF ACCOUNT INFORMATION

Minnesota law requires the Member/Owner to complete the following information before opening a share draft or checking account:

1. Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?
 Main Applicant No Yes if so, where? _____
 Joint Applicant No Yes if so, where? _____
2. Within the last twelve (12) months, has any financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?
 Main Applicant No Yes if so, why? _____
 Joint Applicant No Yes if so, why? _____
3. Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument?
 Main Applicant No Yes Joint Applicant No Yes

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, 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 the agreements 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 Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above. *If you knowingly make any false material statements on this Member Services Request, you may be guilty of perjury.*

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

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Verification List(s) Checked: OFAC

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____