

MEMBERSHIP APPLICATION



<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> ADD JOINT <input type="checkbox"/> ADD TO EXISTING ACCOUNT	DATE	ACCOUNT NUMBER	MAIN MEMBER'S NAME
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651.215.3500 ♦ 888.34.SPIRE ♦ www.myspire.com

How do you qualify for membership with SPIRE?	<input type="checkbox"/> Live in Minnesota or Wisconsin	<input type="checkbox"/> Member of your immediate family a current a member of SPIRE
	<input type="checkbox"/> Member or employee of another credit union or cooperative	<input type="checkbox"/> Employee of one of SPIRE's Select Employee Groups

To become a member, you must open a Share Savings Account. \$10 is the minimum balance to maintain your membership. An additional deposit of \$100 is required for Checking.

TYPE OF SERVICES DESIRED (CHECK ALL THAT APPLY)

<input type="checkbox"/> Share Savings Account (required)	<input type="checkbox"/> Certificates	<input type="checkbox"/> Investments	<input type="checkbox"/> Money Market	<input type="checkbox"/> 55 Plus Checking Account	<input type="checkbox"/> ATM Cash Card
<input type="checkbox"/> ACCESS Telephone Banking	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Teen Savings	<input type="checkbox"/> eAlerts	<input type="checkbox"/> eStatements	<input type="checkbox"/> Free Checking Account
<input type="checkbox"/> Checking Plus Checking Account	<input type="checkbox"/> SPIRE Visa Check Card		<input type="checkbox"/> Business Checking Account		

MAIN APPLICANT				JOINT APPLICANT							
Full Name				Full Name							
Social Security Number		Date of Birth		Social Security Number		Date of Birth					
Address (No P.O. Boxes)			City, State, Zip	Address (No P.O. Boxes)			City, State, Zip				
Home Phone	Work Phone		Cell Phone	Home Phone	Work Phone		Cell Phone				
Driver's License #/State ID # (Required)		State Issued	Exp. Date	Driver's License #/State ID # (Required)		State Issued	Exp. Date				
E-mail Address		Monthly Rent or Mortgage Payment \$		<input type="checkbox"/> Rent <input type="checkbox"/> Own	E-mail Address		Monthly Rent or Mortgage Payment \$		<input type="checkbox"/> Rent <input type="checkbox"/> Own		
Length at Residence	County	Number of Dependents		Age of Dependents		Length at Residence	County	Number of Dependents		Age of Dependents	
Place of Employment			Position	Place of Employment			Position				
Monthly Gross Income			Date of Hire	Monthly Gross Income			Date of Hire				
Income from alimony, child support or separate maintenance need not be revealed unless you wish such income to support a request for credit.						Income from alimony, child support or separate maintenance need not be revealed unless you wish such income to support a request for credit.					
Are you obligated to pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____						Are you obligated to pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____					
Have you had any judgements, foreclosures or bankruptcies in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____						Have you had any judgements, foreclosures or bankruptcies in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____					

CHECKING ACCOUNT (MAIN APPLICANT & JOINT APPLICANT MUST COMPLETE THE FOLLOWING INFORMATION)

Have you ever had a checking account at this or another financial institution within 12 months before making this application? Main Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Institution _____ Joint Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Institution _____ 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? Main Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes Joint Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you had a checking account CLOSED by a financial institution without your consent within 12 months before making this application? Main Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Institution _____ Joint Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Institution _____ If yes (reason) _____	PRINT NAME(S) AND ADDRESS AS THEY ARE TO APPEAR ON CHECKS NAME _____ NAME _____ STARTING # (use 1001 or higher) _____ ADDRESS _____ PHONE NO. (optional) _____ CITY _____ STATE _____ ZIP _____
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Everything I/we have stated in this application is true to the best of my/our knowledge. I/We understand that SPIRE will retain this application whether or not it is approved. SPIRE is authorized to verify my/our employment, check my/our credit history at anytime and to answer questions about credit experience with me/us. By making this application, I/we agree to (1) the terms and conditions governing all SPIRE accounts; (2) the terms of any agreements for specific services such as checking, savings, time deposits, and electronic banking; and (3) the terms of SPIRE's fee and information schedule as amended from time to time. I/We also agree to all terms, whether posted in our premises, printed on deposit slips, contained in your fee and information schedule, or enclosed with statements. By signing I/we agree to the terms and conditions indicated below. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

BACKUP WITHHOLDING

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. Person (including a U.S. permanent resident).

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.

Applicant's Signature X	Date
Joint Applicant's Signature X	Date

(012/14)

JOINT ACCOUNT AGREEMENT

The following agreement excludes funds in IRAs, HSAs, Coverdell ESAs, Certificates, and the initial Share deposit. Any joint account and all monies credited to it shall be the property of all owners of the account as joint tenants, and not as tenants in common, and the same, or any part thereof. The dividends thereon may be withdrawn upon the signature of any joint account holder, and in the case of death of any joint account holder, may be withdrawn by the survivor(s) or personal representative(s) as provided in Minnesota Statutes, Chapter 52B.

The whole or any part of any joint account may be withdrawn at any time by any owner of this account who shall be first to act and payment to any joint account holder upon signature alone shall be valid and full acquittance to the Credit Union.

If at any time we have notice of an action of law, commenced or pending between joint account holders, we may refuse withdrawals from said joint account by any joint account holder except upon a court order. If at any time we are made a party to litigation involving a joint account, we shall have a lien thereon for costs and reasonable attorney's fees.

If there are partnership funds in a joint account this agreement shall, in absence of a written stop order, binding notwithstanding a separate partnership agreement. All withdrawals and deposits are subject to the Articles and By-Laws of this Credit Union.



FOR OFFICE USE ONLY: Qualification of Membership: _____	
Chexsystem: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> OFAC <input type="checkbox"/> Treasury
Records: _____	
SSN Issued: _____	Approved By/User Number: _____