

# Member Account Agreement

PLEASE READ AND COMPLETE SECTIONS 1 THROUGH 7.

## 1 INDIVIDUAL OR PRIMARY ACCOUNT HOLDER

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone number: (     ) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Work phone number: (     ) \_\_\_\_\_

Work e-mail address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers Lic. Number **or** State ID Number:

\_\_\_\_\_ State: \_\_\_\_\_

Credit Union Eligibility:  Work  Community  Family

List Name of Family Member: \_\_\_\_\_

Signature of Primary Account Holder:

X \_\_\_\_\_

### CERTIFICATION

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 to me), **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. person (including a U.S. resident alien).

X \_\_\_\_\_

*Signature*

**Certification Instructions.** You must 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.

Signature of Individual or Primary Account Holder:

X \_\_\_\_\_ Date: \_\_\_\_\_

## 2 JOINT ACCOUNT HOLDER #2

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone number: (     ) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Work phone number: (     ) \_\_\_\_\_

Work e-mail address: \_\_\_\_\_

TIN Certification: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers Lic. Number **or** State ID Number:

\_\_\_\_\_ State: \_\_\_\_\_

Signature of Joint Account Holder #2:

X \_\_\_\_\_

## 3 JOINT ACCOUNT HOLDER #3

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone number: (     ) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Work phone number: (     ) \_\_\_\_\_

Work e-mail address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers Lic. Number **or** State ID Number:

\_\_\_\_\_ State: \_\_\_\_\_

Signature of Joint Account Holder #3:

X \_\_\_\_\_

## Member Account Agreement *continued from page 1.*

### 4 IF APPLICABLE - AGENTS: THE INDIVIDUAL SIGNING ON PAGE 1 ON SIGNATURE LINE(S) IS/ARE SIGNING AS:

- Power of Attorney – agreement on file  
 A successor Custodian of a UTMA account  
 Other: \_\_\_\_\_

### 5 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  
 Other: \_\_\_\_\_  
 POD

By signing any and all signature lines, the undersigned apply for membership in the credit union; agree to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorize the credit union to verify credit and employment history by any means necessary, including preparation of a credit report by a credit reporting agency. The undersigned certify that information provided on the Agreement is true and correct and that the terms on the Agreement apply to all accounts held by the undersigned at this credit union. By checking the boxes below, the undersigned acknowledge receipt of the named disclosures and the terms and conditions that apply to any approved account.

- Funds Availability       Truth in Savings       Electronic Fund Transfers       Privacy Policy

The undersigned does hereby constitute and appoint the members of the Board of Directors of NorthStar Credit Union, Warrenville, Illinois, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the undersigned is entitled for the election of directors, mergers, and any matter with regard to which NorthStar Credit Union shareholders are entitled to vote by proxy, all the shares of NorthStar Credit Union now or hereafter owned or held by the undersigned, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The undersigned further authorizes the said proxies to designate a person or committee to cast the votes of the undersigned in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

X \_\_\_\_\_

Signature

### 6 BENEFICIARIES: (OPTIONAL)

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

### 7 TYPE OF ACCOUNT:

- Savings / Share Account       Christmas Club  
 Checking / Share Draft Acct.       Vacation Club  
 Money Market Account       Certificate of Deposit  
 OTHER: \_\_\_\_\_

#### NOTES TO APPLY BY MAIL:

To open a new member share account by mail, please complete this membership agreement. Please return the completed agreement with a \$5.00 minimum deposit to open your share account and provide copies of the following:

- Copy of valid Driver's License or State ID for all account holders - front and back
- Copy of Social Security card for all account holders
- Copy of a current utility bill (phone, gas, electric)
- IF YOUR CURRENT ADDRESS DIFFERS FROM YOUR DRIVERS LICENSE OR STATE ID, a copy of your mortgage statement or rental lease
- If you are not a U.S. citizen, a copy of your Green Card or Visa

#### NorthStar Credit Union compliance with the U.S. Patriots Act of 2003:

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 who opens an 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 will also ask to see your driver's license or other identifying documents.

#### FOR OFFICE USE ONLY

Account Number: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Opened by: \_\_\_\_\_

Membership Eligibility: Verified

Identity: Verified

Chex

OFAC