

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:	Member No:
Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship <input type="checkbox"/> Joint Account without Survivorship	
Street:	SSN/TIN:
City/State/Zip:	Driver's License Number:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Employer:
Membership Eligibility:	Employer's Address:

ACCOUNT OWNERSHIP

Joint Owner:	SSN/TIN:
Street:	Driver's License Number:
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 License Number:
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 License Number:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD) Account	
POD Payee: Street: City/State/Zip:	POD Payee: Street: City/State/Zip:
<input type="checkbox"/> UTTMA (as custodian for _____ (minor) under the Minnesota Uniform Transfer to Minors Act). Minor's SSN/TIN: _____	
<input type="checkbox"/> Agency Name of Agent: _____ (please print) Signature _____ (date) _____	
<input type="checkbox"/> Other: <input type="checkbox"/> 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 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"/> Living Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

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

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

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.

CERTIFICATION OF ACCOUNT INFORMATION

Minnesota law requires the Member/Owner to obtain 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?

Yes No

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?

Yes No

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?

Yes No

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments 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. *If you knowingly make any false material statements on this Account Card, 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.*

X

Signature

Date

X

Signature

Date

X

Signature

Date

X

Signature

Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking

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 who opens an account.

What this means to you: When you open an account, we 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.

MEMBER IDENTITY INFORMATION

Member/Owner _____ **Member No.** _____ **Date of Birth** _____

Mailing Address _____ **City/State/Zip** _____

Residence **Physical Address** _____

Business *(if different than address given above)* _____

Occupation (for individual) _____ **Employer** _____

Nature of Business (for business) _____

GOVERNMENT ISSUED IDENTIFICATION NUMBER

SSN/EIN _____ **DL#** _____ **State** _____ **Issue Date** _____ **Exp Date** _____
(A copy of social security card is required for all minors)

If you do not have an SSN/EIN you must provide AT LEAST ONE of the following:

Individual Taxpayer Identification Number _____ **Alien Identification Number** _____

Passport Number _____ **Country** _____

Other Government Issued Document No. _____ **Country** _____

Describe Document: _____

NOTARY INFORMATION

Complete if required by your credit union:

I certify that the information provided above is my true and correct identity information.

Signed _____
MEMBER/OWNER DATE

State of _____, **County of** _____

City, Town, Village of _____

This person named hereon personally came before me and signed above on this,

the _____ day of _____, 20 ____ .

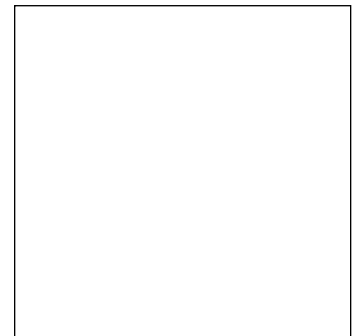
My commision expires on _____, 20 ____ .

NOTARY SIGNATURE

PRINTED NAME

For Notary Seal

(or, use this area if credit union requires a thumb print identification)





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Member Referral Form

As a member owned financial institution, Bluestone Federal Credit Union takes pride in word-of-mouth referrals. If a current Credit Union member referred you, please let us know so we can show them our gratitude!

Your Name: _____

Referred by: _____

Thank you. Now it's your turn to pass it on! Share the Credit Union experience with an eligible friend or family member.