



TRUSTONE FINANCIAL

(763) 544-1517 • (800) 862-1998

Membership Application

Member
Number _____

A. Membership Eligibility

Please describe how the primary person is eligible for membership.

B. Account Ownership Type (choose one)

Personal Account

MoneyWiseSM Youth Savings Program

(MoneyWise youth must be age 17 or under and complete section C
This account must have an adult age 18 or over complete Section D as joint owner.)

Uniform Transfers to Minors Act (UTMA)

As custodian for:

(minor's name) _____

Under the Minnesota Uniform Transfers to Minors Act.

Minor's Parent's Name _____

C. Primary Member Information

Social Security #: _____ Date of Birth: _____

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Work #: _____

Employer: _____

Occupation: _____

Identification number: _____

State of Issue: _____ Date Issued: _____ Exp Date: _____

E-Mail Address: _____

D. Joint Owner Information

Social Security #: _____ Date of Birth: _____

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Work #: _____

Employer: _____

Occupation: _____

Identification number: _____

State of Issue: _____ Date Issued: _____ Exp Date: _____

E-Mail Address: _____

E. Payable on Death Beneficiary Designation-

Share Account Checking Account

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Relationship: _____

F. Accounts Requested

Share Account (Required Membership Account)

Checking Account:

Value Checking

Reward Checking

RewardPlus Checking

Card Access:

VISA[®] Debit Card

ATM Card (Share Account Only)

G. Checking Account

Transaction Account Application Disclosure (TAAD)

MN law requires the following information to be provided to one applicant for transaction accounts.

Yes

No

Have you had a transaction account at this or another financial intermediary within 12 months before making this application?

Name of Institution: _____

Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application?

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?

H. Taxpayer Certification and Backup Withholding

By signing below, I certify, in accordance within the IRS W-9 instruction provided by the credit union and under penalties of perjury, (1) that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number, (2) that I am NOT, unless designated below, (a) subject to backup withholding or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am, unless designated below, a U.S. person (including a U.S. resident alien).

I am not a United States citizen or resident (complete W-8 form)

I am subject to back up withholding Exempt

X _____
Applicant Signature Date

I. Membership Agreement and Authorized Signature(s)

____ Yes, I have received the TruStone Financial Owner's Manual (also known as the TruStone Financial Services Agreements & Disclosures)
Initial Here: _____

____ No, I have not received the TruStone Financial Owner's Manual (also known as the TruStone Financial Services Agreements and Disclosures. Please send it to me.

By signing below, I/we understand that I/we are applying for membership in TruStone Financial and I/we are instructing TruStone Financial to open the accounts checked above in my/our names. The undersigned agree(s) to the terms and conditions stated in the TruStone Financial Services Agreements and Disclosures (i.e. Owner's Manual) brochure and the Fee Schedule. I/We understand that the terms of any account I/we have with TruStone may change from time to time, and I/we agree to such changes at the time they are made. I/We certify that the information provided on this application is true and correct. TruStone reserves the right to revoke this application for member or terminate this membership if, upon verification, the information on this form is not true and correct. I/We understand that you will retain this application whether or not it is approved. I/We acknowledge TruStone's right to verify the above information. I/We further agree that you may contact any source necessary to determine my/our credit and financial responsibility.

X _____
Primary Member Signature Date

X _____
Joint Member Signature Date

USA Patriot Act

To help the U.S. Government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify, and record information that identifies each current or new member, such as your name address, and driver's license. To protect your TruStone Financial accounts from any type of fraudulent activity, please be aware you will be asked to show identification for future transactions.

Revised 02/2010



TRUSTONE™
 FINANCIAL

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Notary Form

Member
 Number _____

State of _____

County of _____

On (date) _____, (name of member) _____

personally appeared before me,

whose identity I proved on the basis of _____

(Country/State of issuance and ID type)

ID Number: _____

ID Expiration Date: _____

X _____ Date _____
Notary Signature

Notary Stamp:

Customer (Member) Identification Requirements

Section 326 of the USA PATRIOT Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

Effective October 1st, 2003, 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. The notary will ask to see your driver's license or other identifying documents.

The information you provide is protected by our Privacy Policy and federal law.



New Membership Letter

Dear Potential Member:

Thank you for your interest in TruStone Financial Federal Credit Union. You have received a blank membership application and a notary form.

Please fill out all pertinent fields to complete the membership application. If you are mailing the form back to us, we are asking that you have your signature notarized. The notary of your choosing should fill out Notary form that is attached. Have them sign, date, and stamp it.

We also will need a copy of the driver's license or state issued identification card of all persons to be named on the account.

If you have any questions regarding the information you have received, please, do not hesitate to call our Contact Center at 763-544-1517 or 800-862-1998.

Sincerely,

TruStone Financial