



# Membership Application & Agreement

Credit Union Use Only		
Member Name (Last, First, Middle)	Member Number	<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account

## 1. To Open a Share Account and Apply for Membership:

- Complete section 1.
- Read the section titled "Additional Terms And Conditions."
- Be certain to fill in the membership eligibility portion of this section if You are qualifying through a family member.

### Joint Accounts

- If Your account will have a joint owner, read the "Joint Ownership Agreement (Not Transferable)" section.

### Important Tax Information

- Read the section titled "Important IRS Information" and make any necessary changes.

### Minimum Membership Deposit

- Be sure to include the \$10.00 minimum balance required for membership.
- Bring Your application and Your deposit to one of the addresses shown below:

**Diversified Credit Union**  
**800.333.7757**  
**diversifiedcu.org**  
**memberservices@diversifiedcu.org**

800 LaSalle Plaza, Suite 104  
 Minneapolis, MN 55402

700 Linden Avenue West  
 Minneapolis, MN 55403

299 Johnson Avenue SW, Suite 130  
 Waseca, MN 56097

Please print or type all information

#### Account Types(s):

- Share Savings Acct.   
  Special Savings Acct.   
  Holiday Savings Acct.  
 Money Market Savings   
  Certificates of Deposit   
  Other \_\_\_\_\_

## 1. Membership

### Primary Member Information

(Mr., Ms., Mrs.)	First Name	M.I.	Last Name	Suffix
Home Address		City	State	Zip Code
Mailing Address (if different than home address)		City	State	Zip Code
Employer		Occupation		
Social Security Number	ID Type and ID Number	Issue Date/Exp. Date	Account Password	
( )	( )	( )	( )	
Home Telephone	Business Telephone	Cell Telephone		
E-Mail Address				
Membership Eligibility				
How did You hear about Us? _____				

### Joint Owner #1 Information

(Mr., Ms., Mrs.)	First Name	M.I.	Last Name	Suffix
Home Address		City	State	Zip Code
Employer		Occupation		
Social Security Number	ID Type and ID Number	Issue Date/Exp. Date	Account Password	
( )	( )	( )	( )	
Home Telephone	Business Telephone	Cell Telephone		
E-Mail Address				

### Joint Owner #2 Information

(Mr., Ms., Mrs.)	First Name	M.I.	Last Name	Suffix
Home Address		City	State	Zip Code
Employer		Occupation		
Social Security Number	ID Type and ID Number	Issue Date/Exp. Date	Account Password	
( )	( )	( )	( )	
Home Telephone	Business Telephone	Cell Telephone		
E-Mail Address				

## 2. Checking Accounts and Overdraft Protection

- Select Your style of Checking, then select the method of transferring funds in the event of any overdrafts and answer questions 1, 2 and 3 as required by Minnesota law.

## 3. Payable-on-Death Account

- If You would like to establish Your Account as a Payable-on-Death Account and You would like to designate beneficiary(ies), please fill in the appropriate section(s). The account owners reserve the right to change, or revoke, this designation at any time. **Please note that a separate "Membership Application & Agreement" form may be required to be completed separately to substantiate Payable-On-Death status.** In the event of Your death, You, the undersigned, hereby designate the beneficiary(ies) named in this section.

## 4. Signatures

- All account owners must sign in section 4.

### Return to the Credit Union

- Once complete, please deliver Your Membership Application along with the Minimum Membership Deposit and any additional funds that You would like deposited, to a local branch.

## 2. Checking Accounts and Overdraft Protection

- Reward Checking     e-Reward Checking     Lifestyle Checking     Retiree Checking

In the event of an overdraft, where do You want money transferred from to prevent an overdraft fee?

Share Account # \_\_\_\_\_ LOC \_\_\_\_\_ Share/LOC \_\_\_\_\_

If You check LOC above for overdraft protection, We will contact You to complete a loan application.

- Do You now, or within the last 12 months, have You had a checking account, draft or similar account at a financial institution?  No  Yes If yes, please list the name and address of that institution: \_\_\_\_\_
- Have You had a checking account, draft, or other similar account closed WITHOUT YOUR CONSENT at any financial institution in the last 12 months?  No  Yes If yes, please list the name and address of that institution: \_\_\_\_\_
- Have You been convicted of a criminal offense because of the use of a checking, draft, or other similar account within the last 12 months?  No  Yes If yes, please give details: \_\_\_\_\_

## 3. Payable-on-Death Account *Beneficiary(ies) Designation*

Beneficiary Name 1 \_\_\_\_\_ Social Security Number \_\_\_\_\_

Beneficiary Name 2 \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Consent of Spouse** (If You live in a community property state, are married and beneficiary is other than spouse. Does not include MN.)

Name of spouse \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

## 4. Signatures

You hereby apply for membership in Diversified Credit Union. You, and all joint owners, agree to be bound by the terms and conditions found herein with respect to any products and/or services You are now requesting and with respect to those that You may request in the future. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time, as well as the terms and conditions of Our Agreements and Disclosures, which You acknowledge receiving a copy of. In addition to establishing a Share Savings Account with Us, You may also from time to time request additional Accounts and/or Account services be established on Your behalf and/or the addition of joint owner(s) of Your Account. Your signature below is Your continuing authorization for Us to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. Subject to applicable laws and regulations, You further authorize any person, association, firm, corporation, personnel office or credit reporting agency to furnish, upon Our request, information concerning Your employment, credit standing and financial responsibility.

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

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 for You: When You open an Account, We will ask You 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.

### *Credit Union Use Only*

CHEX SYSTEM		OFAC CHECK <input type="checkbox"/> Yes      Date _____
Branch Number	Teller	Received By (Initial)
<input type="checkbox"/> Agreements and Disclosures, Rate Supplement and Schedule and Charges given personally:		Employee's Initials _____ Date _____
<input type="checkbox"/> Agreements and Disclosures, Rate Supplement and Schedule and Charges given by mail:		Employee's Initials _____ Date _____

## MEMBERSHIP APPLICATION

Share Savings  
Accounts

Checking Accounts

Holiday Savings  
Accounts

Money Market Accounts

Certificates of Deposit

Joint Accounts



### Additional Terms and Conditions

You hereby authorize Us to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for the Accounts. The joint owners of the Accounts hereby agree with each other and with Us that all sums, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners, or any of them except by written notice to Us which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

### Joint Ownership Agreement (Not Transferable)

Diversified Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this Account. The joint owners of the Account hereby agree with each other and with Diversified Credit Union that all sums now deposited in share accounts, or heretofore or hereafter deposited in share accounts by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Diversified Credit Union from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided.

### Important IRS Information

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

#### CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfers to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.