

PLEASE PRINT

Member Number Last Name First Name MI Date

Electrus Federal Credit Union
7100 Brooklyn Boulevard, Brooklyn Center, MN 55429
Financial solutions, Outstanding value, Lifetime services

MEMBERSHIP APPLICATION

To apply for membership, complete this application and submit it to Electrus with a COPY OF A VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO ID which is required with all applications for each signer. If applicant is a minor, an individual over 18 years of age must be joint on the account and is responsible for all transactions on the account.

MEMBERSHIP ELIGIBILITY (Check only those that apply.)

I am a relative of a member I live with a member, unrelated to me
Member's Name: Member's Name:
Relationship: I work for a qualifying company
Company Name:

TYPE OF ACCOUNT DESIRED (Check all that apply.)

Share Savings Account (required account with \$25 minimum deposit)
Individual Joint: payable to either survivor Payable on Death (complete POD section for Individual Account)
Checking Account (\$100 minimum starting balance required. First box of Electrus checks are free.)
Starting Number Include Driver's License number on checks Include phone number on checks
Check Card (one card per person)

APPLICANT (Please print. Complete all sections.)

LAST NAME FIRST MI
MAILING ADDRESS
CITY STATE ZIP YEARS AT RESIDENCE
STREET ADDRESS IF DIFFERENT THAN ABOVE (NO PO BOXES)
CITY STATE ZIP
HOME PHONE WORK PHONE
E-MAIL ADDRESS
SOCIAL SECURITY # DRIVER'S LICENSE # STATE ISSUED
DATE OF BIRTH MOTHER'S MAIDEN NAME
EMPLOYER YEARS EMPLOYED
POSITION/TITLE
GROSS MONTHLY INCOME \$ Renter Home Owner Monthly Payment \$

JOINT APPLICANT (Complete if you wish to have another individual listed joint on your account as checked above.)

LAST NAME FIRST MI
MAILING ADDRESS
CITY STATE ZIP YEARS AT RESIDENCE
STREET ADDRESS IF DIFFERENT THAN ABOVE (NO PO BOXES)
CITY STATE ZIP
HOME PHONE WORK PHONE
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EMPLOYER YEARS EMPLOYED
POSITION/TITLE
GROSS MONTHLY INCOME \$ Renter Home Owner Monthly Payment \$

PLEASE COMPLETE AND SIGN BACK OF APPLICATION

PAYABLE ON DEATH (Beneficiary of account. Funds are divided equally if more than one POD is named.)

1. NAME	2. NAME
ADDRESS	ADDRESS
SOCIAL SECURITY #	SOCIAL SECURITY #

CHECKING ACCOUNT (Complete if you wish to have a Checking Account.)

NOTICE: We are required by Minnesota Statute 48.512 to ask you the following information prior to opening a checking account.

1. Do you now, or within the last 12 months have you had a checking account or similar account at a financial institution?
 Yes No If yes, name and address of the financial institution: _____

2. Has anyone on this application had a checking account closed by a financial institution without his or her consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a checking or other similar account OR convicted of a criminal offense involving the use of a check or similar instrument within 24 months of making this application?
 Yes No If yes, please list the financial institution and explain: _____

CERTIFICATION as to Taxpayer Identification Number and Backup Withholding

I have read the information regarding backup withholding below and by signing below, under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number/Taxpayer Identification Number, and;

2. I am NOT, unless I have checked one of the boxes below, subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding, and (c) I am a US person (including a US resident alien).

I am subject to backup withholding I am exempt from backup withholding
 I am not a US person (Complete appropriate W-8 Form.)

AUTHORIZATION DISCLOSURES

By signing this document, I hereby make application for membership in the Electrus Federal Credit Union and have opened the type of account(s) designated on this document. I/we declare UNDER PENALTY OF PERJURY that the information is true, correct, and complete. I/we agree to conform to the bylaws and any amendments thereof. I/we authorize Electrus to check my/our account, credit, verify identity as required by the USA Patriot Act, and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for accounts and services. I/we also agree to the terms and conditions of any account I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. I/we agree to the terms of and acknowledge receipt of the Account Agreements and Disclosures including the Funds Availability Policy, Privacy Statement, and Electronic Funds Transfer Agreement, Truth-in-Savings Rate and Fee Schedule, and any amendments Electrus makes to these documents from time to time.

Future Credit Opportunities

Electrus makes credit available to its members on a regular basis. The owner(s) of the account authorizes the credit union to obtain credit reports in connection with future credit opportunities and the owner(s) of the account authorize any person, association, or corporation to furnish on request of Electrus, information concerning the account owner(s) affairs. The owner(s) also authorize the credit union to furnish information concerning the account to credit reporting agencies.

Joint Account Agreement

All joint accounts are governed by Minnesota Statutes. If this is a joint account, each person who signs this application can deposit or withdraw funds. Any one joint owner may withdraw any or all funds and/or transfer or close the account at any time without the consent of the other owner(s). If one joint owner dies, the account becomes the property of the remaining joint owner(s). Electrus is hereby authorized to recognize any of the signatures subscribed on this application in the payment of funds or the transaction of business for this account.

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.

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

SIGNATURES

X _____ DATE _____
MEMBER SIGNATURE

X _____ DATE _____
JOINT APPLICANT'S SIGNATURE

For questions, contact Electrus at 763-569-4000.

OFFICE USE ONLY

OFAC	CHEX SYSTEMS	RECORDS	CHECKS ORDERED	CREDIT BUREAU	ID COPY	EMP INITIALS
<input type="checkbox"/>	DOB _____ SSN _____ DOB _____ SSN _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	