



PO Box 130670
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 www.blazecu.com

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

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 when opening a new 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 may also ask to see your driver's license or other identifying documents.

CREDIT REPORT CHECK

You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request.

QUALIFICATIONS FOR MEMBERSHIP

For new accounts only, complete each question as it applies to you.

I live, work, worship, volunteer, attend school, or do business in the following MN or WI county _____.

I have a family or household member that is a regularly qualified member of Blaze. Yes No

I work for the following qualified organization _____.

I live in MN or WI and could not answer "yes" to the questions above. Yes No

I want to make a one-time donation of \$10 to the Blaze Credit Union Foundation for membership. Yes No

MEMBER/OWNER INFORMATION

Update Account Information Name Change

Member/Owner Name: _____ SSN/TIN: _____

Citizenship: US Citizen Permanent Resident

Mailing Address: _____ ID Type: _____

City/State/Zip: _____ ID Number: _____

Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____

City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____

Occupancy Status: _____ Occupancy Duration: _____ Housing Payment: _____

Primary Phone: _____ E-Mail: _____

Secondary/Cell Phone: _____ Alternate Mail Expiration Date: _____

Work Phone: _____ Employer: _____ Occupation/Title: _____

Employment Status: _____ Date of Hire: _____ Gross Monthly Income: _____

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner UTMA Custodian POA Other Authorized Signer (Describe): _____

Add Remove Update Account Information Name Change See Account Authorization Card

Name #1: _____ SSN/TIN: _____

Citizenship: US Citizen Permanent Resident

Physical Address: _____ ID Type: _____

City/State/Zip: _____ ID Number: _____

Occupancy Status: _____ Occupancy Duration: _____ ID Issuing State: _____ ID Issuing Date: _____

Primary Phone: _____ ID Exp. Date: _____ Date of Birth: _____

Secondary/Cell Phone: _____ Housing Payment: _____

Work Phone: _____ E-Mail: _____

Employment Status: _____ Date of Hire: _____ Employer: _____

Gross Monthly Income: _____ Occupation/Title: _____

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Joint Owner UTMA Custodian POA Other Authorized Signer (Describe): _____
 Add Remove Update Account Information Name Change See Account Authorization Card

Name #2: _____ SSN/TIN: _____

Citizenship: US Citizen Permanent Resident

Physical Address: _____ ID Type: _____

City/State/Zip: _____ ID Number: _____

Occupancy Status: _____ Occupancy Duration: _____ ID Issuing State: _____ ID Issuing Date: _____

Primary Phone: _____ ID Exp. Date: _____ Date of Birth: _____

Secondary/Cell Phone: _____ Housing Payment: _____

Work Phone: _____ E-Mail: _____

Employment Status: _____ Date of Hire: _____ Employer: _____

Gross Monthly Income: _____ Occupation/Title: _____

Joint Owner UTMA Custodian POA Other Authorized Signer (Describe): _____
 Add Remove Update Account Information Name Change See Account Authorization Card

Name #3: _____ SSN/TIN: _____

Citizenship: US Citizen Permanent Resident

Physical Address: _____ ID Type: _____

City/State/Zip: _____ ID Number: _____

Occupancy Status: _____ Occupancy Duration: _____ ID Issuing State: _____ ID Issuing Date: _____

Primary Phone: _____ ID Exp. Date: _____ Date of Birth: _____

Secondary/Cell Phone: _____ Housing Payment: _____

Work Phone: _____ E-Mail: _____

Employment Status: _____ Date of Hire: _____ Employer: _____

Gross Monthly Income: _____ Occupation/Title: _____

ACCOUNT TYPES

| | | | | | |
|---|------------------------------|---------------------------------|---|------------------------------|---------------------------------|
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Budget Savings: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Holiday Savings: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Money Market: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> HSA Savings: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| <input type="checkbox"/> HSA Checking: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |

ACCOUNT SERVICES

| | | | | |
|--|------------------------------|---------------------------------|---|---------------------------------|
| <input type="checkbox"/> eStatements: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Update |
| <input type="checkbox"/> Debit Card: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | Indicate transfer priority: | |
| <input type="checkbox"/> Audio Response: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | 1. _____ | 2. _____ |
| <input type="checkbox"/> Internet Banking: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | 3. _____ | 4. _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Add | <input type="checkbox"/> Remove | | |

UTMA _____ (as custodian for _____ (minor)
under the Minnesota Uniform Transfers to Minors Act.) Minor's SSN/TIN: _____

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 (or I am waiting for a number to be issued), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

| | |
|----------------------------------|--|
| Exempt payee code (if any) _____ | Exemption from FATCA reporting code (if any) _____ |
|----------------------------------|--|

AUTHORIZATION

Credit Union Name:

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Personal Terms and Conditions, the Truth-in-Savings Disclosure / Personal Rates Schedule, the Privacy Policy, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements 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 Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

| | |
|--------------|------|
| Member/Owner | Date |
| X | |

| | |
|-------------------------------|------|
| Joint Owner/Authorized Signer | Date |
| X | |

| | |
|-------------------------------|------|
| Joint Owner/Authorized Signer | Date |
| X | |

| | |
|-------------------------------|------|
| Joint Owner/Authorized Signer | Date |
| X | |

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____