



Member Account Agreement

North Star Community Credit Union
 109 Central Avenue, PO Box 10 • Maddock, ND 58348-0010 • 701-438-2222

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

OWNER SIGNER INFORMATION

Name _____
 Relationship to Account (Owner and/or Signer, etc.) _____
 Address _____
 Mailing Address (if different) _____
 Home Phone _____
 Work Phone _____
 Mobile Phone _____
 E-Mail _____
 Birth Date _____
 SSN/TIN _____
 Gov't Issued Photo ID, Type, Number, State, Issue Type, Exp. Date _____
 Other ID (description) _____
 Employer's Name and Address _____
 Previous Financial Institution _____
 Member Qualification/Relationship to Member _____

OWNER SIGNER INFORMATION #2

Name _____
 Relationship to Account (Owner and/or Signer, etc.) _____
 Address _____
 Mailing Address (if different) _____
 Home Phone _____
 Work Phone _____
 Mobile Phone _____
 E-Mail _____
 Birth Date _____
 SSN/TIN _____
 Gov't Issued Photo ID, Type, Number, State, Issue Type, Exp. Date _____
 Other ID (description) _____
 Employer's Name and Address _____
 Previous Financial Institution _____
 Member Qualification/Relationship to Member _____

BACKUP WITHHOLDING CERTIFICATIONS

If not a US Citizen, certify foreign status separately.

TIN:

Taxpayer ID Number (TIN) - The number shown above is my correct taxpayer identification number.

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a US citizen (including a US resident alien).

X _____ Date _____

ACCOUNT TITLE AND ADDRESS

OWNERSHIP OF ACCOUNT

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial)

- | | |
|---|--|
| <input type="checkbox"/> Single Party Account | <input type="checkbox"/> Multiple-Party Account |
| <input type="checkbox"/> Corporation - For Profit | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Trust-Separate Agreement Dated | |

BENEFICIARY DESIGNATION

Select appropriate ownership above - select and initial below

- Single-Party Account _____
- Single-Party Account with Pay-On-Death (POD) _____
- Multiple-Party Account with Right of Survivorship _____
- Multiple-Party Account with Right of Survivorship and POD _____

BENEFICIARY NAME(S), ADDRESS(ES) AND SSN(S)

SIGNATURE(S)

[Empty box for beneficiary name, address, and SSN]

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from the consumer reporting agency(ies) on them ad individuals. Except as otherwise provided by law or documents, each of the under- signed is authorized to make withdrawals from eh account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions
- Privacy
- Electronic Funds Transfers
- Truth in Savings
- Subsitute Checks
- Funds Availability
- Common Features

X _____
 X _____
 X _____

If checked, this a temporary acct agreement.
 Number of signatures required for withdrawal: _____

- Agency designation (the last of the above signers is a designated agent.) Agency designation (select and initial):
- Survives Or
- Terminates on disability or Incapacity of Parties. _____