



## Minor Membership Application

**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. 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.

### Application Instructions

- Complete all applicable sections of this application, front and back. Sign and date on back.
- A "member share" deposit of \$25.00 is required to establish your credit union membership.
- Two forms of Government issued Identification is required for the custodian.

### Accounts and Services – Check all that apply

- Base Share (Savings)     
  \*Share Draft (Checking)     
  \*ATM/Debit Card     
  Audio Response  
 \*Holiday Savings     
  \*Vacation Savings     
  Online Account Servicing

\* Age must be at least 15

### OPTIONAL PAYABLE ON DEATH

**Payable on Death** - allows a member to designate beneficiaries. Upon the death of all Account holders, available shares will be split equally among all surviving beneficiaries except for CD's & IRA's with a separate beneficiary designation

Beneficiary	SSN	DOB	Beneficiary	SSN	DOB	Beneficiary	SSN	DOB
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address			Address			Address		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		

### MINOR INFORMATION

Legal Name	E-Mail Address	SSN/TIN	Place of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother's Maiden Name	Minor's Relation to Custodian	Home Phone	Cell Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Physical Address		Mailing Address	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

### CUSTODIAN INFORMATION

Legal Name	E-Mail Address	SSN/TIN	Driver's License #/State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother's Maiden Name	Employer	Home Phone	Cell Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**CUSTODIAN INFORMATION CONTINUED**

Physical Address	Mailing Address

**Domestic Correspondent Banking Questionnaire**

Do you intend to utilize any of the following services?

Correspondent Banking Services	YES	NO	Average Number	Average Amount
Currency Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Currency Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Check Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Checks Written	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
International Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
ACH Deposits (Direct Deposit)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
ACH Withdrawals (Direct Deductions)	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>

**MINOR DISCLOSURES**

THIS SECTION MUST BE PROPERLY COMPLETED AND SIGNED ON ALL SIGNATURE LINES BEFORE WE CAN  
OPEN THIS ACCOUNT

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below)

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

Under penalties of perjury, I can certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result or failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_ **Custodian Signature** \_\_\_\_\_ **Date**

<p>_____ <b>Custodian Signature</b> <span style="float: right;">_____ <b>Date</b></span></p> <p>Under penalties of perjury, I can certify (1) that the number shown on this form is my correct taxpayer identification number for the ownership of the account represented by this Transfers to Minors Account and (2) that this account is not subject to backup withholding as a result or failure to report all interest or dividends, or the Internal Revenue Service (IRS) has not notified me that I am no longer subject to back withholding.</p>	<p style="text-align: center;"><b>NOTARY</b></p> <p style="text-align: center;"><i>Forms returned to Azalea City Credit Union by mail must be notarized and a copy of the member's current driver license must be submitted.</i></p> <p>_____ <i>Signature</i> <span style="float: right;">_____ <i>Date</i></span></p> <p>_____ <i>Commission Expiry Date</i></p>
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**Credit Union Use Only**

<p>Date Opened _____</p> <p>Employee _____</p> <p>Branch _____</p>	<p style="text-align: center;"><b>Account Verification</b></p> <p><input type="checkbox"/> Driver License <span style="float: right;"><input type="checkbox"/> Second Form of ID</span></p> <p><input type="checkbox"/> Employment Verification <span style="float: right;"><input type="checkbox"/> Address Verified</span></p> <p><input type="checkbox"/> eFunds/OFAC Verified</p>
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