

A \$5 minimum balance is required to establish and maintain your membership.

MEMBER # \_\_\_\_\_

## Section A: Type of Services Desired Select all that apply.

- Savings Account (required)  
ATM card(s) automatically issued to Savings-only Account(s):  Member  Joint
- Checking Account (Checks ordered upon your request.)  
 Minnesota Wild PowerPack     Benefits Plus®     Free Checking  
Debit card(s) automatically issued to Checking Account(s):  Member  Joint
- Loan/Credit Card: \_\_\_\_\_
- Other: \_\_\_\_\_

**USA Patriot Act** 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 opening an account. Hiway Federal Credit Union® (Hiway) will verify certain information as required by Federal law.

## Section B: How do you qualify for membership?

- Work for qualifying company or government agency:  
\_\_\_\_\_  
Company or Agency Name
- Live, work, worship or attend school in the Metro Community Area:  
\_\_\_\_\_  
Address
- MN Recreation & Park Foundation:  Already member  Will become member
- Association of the U.S. Army (AUSA):  Already member  Will become member
- Qualify through relative/roommate:  
\_\_\_\_\_  
Name & Relationship

## Section C: Applicant Information Please complete all sections.

How did you hear about Hiway?			
First Name:		MI:	Last Name:
Soc. Sec. #/TIN: <small>(If under age 18, legal adult is required as a Joint Tenant)</small>		DOB:	Mother's Maiden Name:
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other ID*:			
ID#:	Expiration Date:	Issuing State/Country:	
Address: <small>Cannot accept P.O. Box</small>			
City:	State:	Zip:	
Cell #:	Home #:	Work #:	
Email:		Employer:	
Occupation:		Date of Hire:	Gross Mo. Income: \$
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives	Mo. Mtg./Rent: \$	Yrs. at Residence:	

\*Must be a form of government-issued unexpired photo identification.

## Section D: Joint Tenant/Co-Applicant Information Please complete all sections.

First Name:		MI:	Last Name:
Soc. Sec. #/TIN:		DOB:	Mother's Maiden Name:
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other ID*:			
ID#:	Expiration Date:	Issuing State/Country:	
Address: <small>Cannot accept P.O. Box</small>			
City:	State:	Zip:	
Cell #:	Home #:	Work #:	
Email:		Employer:	
Occupation:		Date of Hire:	Gross Mo. Income: \$
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives	Mo. Mtg./Rent: \$	Yrs. at Residence:	

\*Must be a form of government-issued unexpired photo identification.

## Section E: Checking Account

Has anyone on this application had a transaction account at this or another financial institution within the last 12 months?

Yes  No **If yes, please list financial institution:** \_\_\_\_\_

Has anyone on this application had a checking account closed by a financial institution without their consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a check or other similar items within 24 months of making this application?

Yes  No **If yes, please explain:** \_\_\_\_\_

## Account Agreement

The applicant(s) listed on this form makes application for membership in Hiway Federal Credit Union® (Hiway) and agrees to conform to its bylaws or any amendments thereto and subscribe for at least one share.

By signing below, you acknowledge receipt of and agree to the terms (All About Your Accounts disclosure) and the Service Fee Schedule concerning the account. You certify, under penalty of perjury, that all information given on this form is true and correct. Designating a Joint Tenant will create joint tenancy ownership rights with rights of survivorship on all accounts, excluding funds in IRA accounts, certificates, initial \$5.00 share and loans (unless a co-applicant). You as the member may, at any time, without consent of joint tenant(s), close the account, add a joint tenant or beneficiary or remove the name of any or all joint tenants or beneficiaries by written notice to Hiway. Any monies may be deposited or withdrawn, subject to the bylaws and rules of Hiway, upon any one of the authorized signatures. By signing below, you also agree to allow Hiway to check your credit and employment history at any time to answer questions about your credit experience.

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

If the member applying is a MINOR, the joint tenant of the account must be a legal adult, and is responsible for ALL TRANSACTIONS on this account.

X

\_\_\_\_\_  
Applicant's Signature  
(If under age 18, legal adult is required as a Joint Tenant)

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Joint Tenant's Signature

\_\_\_\_\_  
Date

## Certification of Taxpayer Identification Number and Backup Withholding

Under penalty of perjury, you certify that the Social Security Number shown is your correct identification number and that you are NOT subject to backup withholding because you are exempt or you have not been notified that you are subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified you that you are no longer subject to backup withholding and that you are a U.S. citizen (including a U.S. resident alien).

You ARE subject to backup withholding.  You are NOT a United States citizen or resident alien.  
If you are not a U.S. citizen or resident alien, you MUST complete IRS Form W-8. Contact Hiway for a form.

X

\_\_\_\_\_  
Applicant's Signature  
(If under age 18, parent or legal guardian must certify TIN)

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

### CU USE ONLY

CU Employee:		Teller #:	Date:	<b>Notes:</b>
<b>Primary Verification</b>	Type of ID:	<b>Joint Verification</b>	Type of ID:	
State Issued:	Date Exp./Issued:	State Issued:	Date Exp./Issued:	
<input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC		<input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC		