

Share Account Application

Maine State CU Only (Acct. # _____)

Use this application if you are currently a member, but wish to open another Share Account. If you are not currently a member of Maine State CU, please complete the *Membership Application*.

PRIMARY MEMBER INFORMATION

Name _____

Physical Address _____

Mailing Address (if different than Street Address) _____

Work Phone _____ Home Phone _____

E-mail Address _____

Social Security Number _____ Mother's Maiden Name _____

Employer _____ Date of Birth ____/____/____

Password for Telephone transactions _____. Remember this code (up to ten digits/letters) for telephone transactions and inquiries.

JOINT OWNER INFORMATION

Name _____

Physical Address _____

Mailing Address (if different than Street Address) _____

Work Phone _____ Home Phone _____

Social Security Number _____ Employer _____

Date of Birth ____/____/____

The Maine State Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on this application in the payment of funds or the transaction of business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations, thereon, together with the proceeds of any insurance on said account, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them. On the death of the joint owner, the balance of the account will belong to the surviving joint owner(s).

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to and consent of the Credit Union, which shall not affect transactions theretofore made.

I hereby make application for membership in the Maine State Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share. I have read the above account agreement and acknowledge receipt of applicable disclosure(s) and rate and fee schedules.

Primary Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

1. That the number shown on this Share Account Application 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 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 with-holding.
3. I am a U.S. person (including a U.S. resident alien).

(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 two (2) of the certification above.)

Primary Member Signature _____ Date _____

This application approved by the Membership Officer

Credit Union Signature _____ Date _____

Verification Method(s) Used: _____

IMPORTANT: Enclose a check or money order made payable to Maine State Credit Union. You must enclose a minimum of \$25.00 to open your Maine State CU Share Account.



If this account requires a special designation (such as a Custodial Account or a Payable on Death Account), please complete the applicable section below.

Maine State CU Only
(Acct. #/Trk. # _____/____)

PAYABLE ON DEATH ACCOUNT AGREEMENT

The Credit Union agrees to pay the following person(s) upon request, all amounts, including accumulations and the proceeds of any insurance on said account, after the death of all of the afore named individual(s). The right or authority of the Credit Union under this agreement shall not be changed or terminated by the owner(s) of this account except by written notice to said Credit Union.

POD Beneficiary: _____ Relationship to Member: _____

Social Security Number _____ Date of Birth ____/____/____

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Social Security Number _____ Date of Birth ____/____/____

POD Beneficiary: _____ Relationship to Member: _____

Social Security Number _____ Date of Birth ____/____/____

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____
(if applicable)

FIDUCIARY ACCOUNT AGREEMENT

- | | |
|--|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Estate Account |
| <input type="checkbox"/> Rep Payee | <input type="checkbox"/> Cons/Guard |
| <input type="checkbox"/> UGMA/UTMA* | <input type="checkbox"/> Other _____ |

Fiduciary/Custodian Name _____

Street Address _____

Mailing Address (if different than Street Address) _____

Work Phone _____ Home Phone _____

Social Security Number _____ Date of Birth ____/____/____

Employer _____

Fiduciary/Custodian Signature _____ Date _____

**For UGMA/UTMA Accounts Only- The Fiduciary (Custodian) is responsible for transferring funds to beneficiary when deemed appropriate.*

Successor Custodian Name _____

Social Security Number _____ Date of Birth ____/____/____