Dakota Plains
FEDERAL CREDIT UNION

MEMBERSHIP APPLICATION & AGREEMENT

Membership Number

Account Type(s):
☐ Regular Share _____ ☐ Pee Wee Penguin Share ☐ Teen Saver Share
☐ IRA Share ☐ Money Market ☐ Share Draft
☐ IRA Term Certificate ☐ Term Certificate ☐ Youth Term Certificate

Account Ownership:
☐ Single-Party ☐ Payable on Death (POD) ☐ Joint With Right of Survivorship ☐ Joint Without Right of Survivorship
☐ Custodial ☐ Trust ☐ UTMA ☐ Power of Attorney ☐ Other _____

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You 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.

Primary Owner Information

☐ Member ☐ Trust ☐ UTMA Are You a Non-Resident Alien? ☐ Yes ☐ No

Name *(First, Last, MI & Suffix,* or *Name of Trust)*			Birth Date or Date of Trust	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	Email Address	Phone Verification Question - Answer	Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

Owner 2 Information

☐ Joint Owner ☐ Trustee ☐ Attorney-in-Fact ☐ Other Specify: _____

Name *(First, Last, MI & Suffix)*			Birth Date	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	Email Address	Phone Verification Question - Answer	Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

Owner 3 Information

☐ Joint Owner ☐ Trustee ☐ Attorney-in-Fact ☐ Other Specify: _____

Name *(First, Last, MI & Suffix)*			Birth Date	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	Email Address	Phone Verification Question - Answer	Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

Owner 4 Information

☐ Joint Owner ☐ Trustee ☐ Attorney-in-Fact ☐ Other Specify: _____

Name *(First, Last, MI & Suffix)*			Birth Date	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	Email Address	Phone Verification Question - Answer	Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

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VISA Debit Card/ Mobicint/ Mobile Deposit

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You would like:

☐ VISA Debit Card ☐ Mobicint ☐ Mobile Deposit

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Name on Card 4: _____

Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____ Address _____ SSN_____ %_____ DOB _____

Name _____ Address _____ SSN_____ %_____ DOB _____

Name _____ Address _____ SSN_____ %_____ DOB _____

Name _____ Address _____ SSN_____ %_____ DOB _____

Overdraft Protection Sequence (if opening a Share Draft Account)

Your overdrafts will be covered by transferring funds from Your Loan/Sub Account identified below in the order specified.

Priority	Source	Loan/Sub Account
1st		
2nd		
3rd		

Authorized Signers

Unless We receive written instruction to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this Application and receive any and all account information now or in the future. Dakota Plains Federal Credit Union is authorized to pay out funds to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Authorized Signer 1 Information

Full Name			Birth Date	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	E-Mail Address			
Social Security Number	Driver's License Number/State/Exp. Date	Employer		
		Signature		

Authorized Signer 2 Information

Full Name			Birth Date	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	E-Mail Address			
Social Security Number	Driver's License Number/State/Exp. Date	Employer		
		Signature		

Authorized Signer 3 Information

Full Name			Birth Date	
Physical Address		City	State	Zip
Mailing Address *(if different than above)*		City	State	Zip
Phone Number	E-Mail Address			
Social Security Number	Driver's License Number/State/Exp. Date	Employer		
		Signature		

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Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the South Dakota Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 18, under the Act.

Owner 2 is named as custodian for the Primary Owner under the State of South Dakota's Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint _____ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: (1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and (2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

_____
Signature of Custodian

Trust

You hereby certify that:

(1) ☐ This is a revocable living trust. ☐ This is an irrevocable trust. Name of Trust _____;

(2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds;

(3) The Trust Agreement appoints:

_____

_____

as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

(4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

For revocable living trust accounts, You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

You agree to be bound by the terms and conditions of this Account with Dakota Plains Federal Credit Union and the Credit Union's bylaws, rules and regulations in effect, which are subject to changes from time to time.

Lien Impressment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

Signature of Settlor/Trustee of above Trust	Signature of Settlor/Co-Trustee of above Trust
Signature of Settlor/Co-Trustee of above Trust	Signature of Settlor/Co-Trustee of above Trust

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Signatures

You hereby apply for membership with Dakota Plains Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Dakota Plains Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Dakota Plains Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Applicant's (Primary Owner) Signature	Date	Owner 2 Signature	Date
Owner 3 Signature	Date	Owner 4 Signature	Date

Credit Union Use Only

Date of Membership_____ Opened by_____ Debit Card_____

☐ Credit Report	☐ OFAC	☐ Checks Ordered	☐ Qualifile	☐ Card Ordered
☐ Mobicint	☐ Mobile Deposit	☐ Paper Statements		

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