



Membership Application

- Account type options: Savings, Checking, Certificate of Deposit, Money Market, e-statements, Trust Account, Online Banking, UTMA Account, IRA, and a blank option.

Member Number \_\_\_\_\_

How did you hear about West Financial® \_\_\_\_\_

Primary Member Information (required)

Form fields for Primary Member Information: Name, Social Security Number, Address, City, State, Zip, Home Phone, Work Phone, Cell Phone, Date of Birth, Driver License/ID Number, Email Address (optional).

Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?
Within the last twelve (12) months, has an financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?
Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument?

Joint Account Holder (if applicable)

Form fields for Joint Account Holder: Name, Social Security Number, Address, City, State, Zip, Home Phone, Work Phone, Cell Phone, Date of Birth, Driver License/ID Number, Email Address (optional).

Eligibility

- Eligibility options: I am eligible because I live, work, worship, volunteer or attend school in Hennepin or Wright County; I am eligible because I am a relative of a current member; I am eligible through employment/Select employee group.

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 to you: When you open an account, we 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.

Everything I/we have stated in this application is true to the best of my/our knowledge. I/we understand that West Financial® will retain this application whether or not it is approved. I/we understand that Title18 US Code, Section 1014 makes it a federal crime to knowingly make false statements on this application.

Signature(s)

Signature lines for Member Signature, Date, Joint Owner Signature, and Date.

## Account Designations

Payable on Death

All Accounts

Designate Specific Accounts \_\_\_\_\_

\_\_\_\_\_  
Beneficiary/POD Payee

\_\_\_\_\_  
Beneficiary/POD Payee

\_\_\_\_\_  
SSN

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

Changes

Add Joint Owner

Remove Joint Owner

Name Change (need documentation)

Date of Change \_\_\_\_\_

ATM Card

Issue Card in Primary Owner Name

Issue Card in Joint Owner Name

Debit MasterCard

Issue Debit MasterCard in Primary Owner Name

Issue Debit MasterCard in Joint Owner Name

**IMPORTANT:** Debit Card purchases are deducted from your checking account ONLY

## Taxpayer ID Number Certification & Backup Withholding Information:

The Internal Revenue Service does not require your consent to any provision of this section other than the certification required to avoid backup withholding. Under penalties of perjury, I certify that: (1) the number shown of this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Instructions: Complete a W-8 BEN if you are not a U.S. person. By signing below, I certify under penalties of perjury that the statement above is correct.

\_\_\_\_\_  
Primary Member's Signature

\_\_\_\_\_  
Date

### For Credit Union Use Only

FSR Initials \_\_\_\_\_

Date Account Opened \_\_\_\_\_

ATM Limit \_\_\_\_\_

I.D. Verification \_\_\_\_\_

Debit Card Limit \_\_\_\_\_

Credit Bureau Score \_\_\_\_\_

Card Number \_\_\_\_\_

Date Disclosures Distributed \_\_\_\_\_

**Send completed application along with a copy of your identification and a \$25.00 minimum initial deposit to:**

**Medina Office**  
3575 Sioux Drive  
Medina, MN 55340  
763.235.6000

**Plymouth Office**  
13600 Industrial Park Blvd  
Plymouth, MN 55441  
763.235.6020  
1.800.551.0225

**Staunton Office**  
207 Laurel Hill RD  
Verona, VA 24482  
540.248.9491

**Auburn Office**  
4900 Technology Park  
Auburn, NY 13021  
315.258.8059