



Application for Membership

To open an account with NorState Federal Credit Union, you must meet membership eligibility requirements. If you are not certain of your eligibility, you may e-mail nfcu@norstatefcu.org for verification or check the [membership webpage of our website](#).

Please print this form, fill it out, and take it to any NorState FCU branch.

You will also need to bring your Maine driver's license or other state or federal identification. If there are any joint account owners, a copy of their valid Maine driver's license or other state or federal identification must accompany this Application for Membership.

*******For your security, applications received via fax or mail will not be accepted.*******

Application for Membership and Signature Card

I/We submit this form to NorState Federal Credit Union for two purposes. First, the individual listed as Owner Name (1) below (unless already a member) applies for membership in the credit union. Second, I/We request the credit union open a share/savings account in the owner name(s) listed below. If more than one owner name is listed below, the account shall be a multiple name share/savings account and the multiple name account provisions of this agreement shall be applicable. If one or more beneficiaries are listed in the Beneficiary Information and Provisions section (Part V), the beneficiary provisions of this agreement shall be applicable.

Owner Name (1) _____ Social Security No. _____
 Address _____ City _____ State _____ Zip _____
 Home Ph. _____ Work Ph. _____ DOB _____ Gender _____
 Driver's License _____ Mother's Maiden Name _____ E-mail _____
 Other ID used to establish account _____ Membership Qualification _____
 Employer Name & Address _____

Owner Name (2) _____ Social Security No. _____
 Address _____ City _____ State _____ Zip _____
 Home Ph. _____ Work Ph. _____ DOB _____ Gender _____
 DL # _____ Mother's Maiden Name _____ Relationship to Name 1 _____

Owner Name (3) _____ Social Security No. _____
 Address _____ City _____ State _____ Zip _____
 Home Ph. _____ Work Ph. _____ DOB _____ Gender _____
 DL # _____ Mother's Maiden Name _____ Relationship to Name 1 _____

Part II: IRS Certification

Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security 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 withholding. (Strike out the language in (2) if the IRS has notified you that you are subject to backup withholding and has not terminated that notification.) I am a U.S. person (including a U.S. resident alien).

Signature of Owner Name 1 _____ Date _____

Part III: Account/Service Authorization

I/We authorize NorState Federal Credit Union to establish or add the following account/services:

Initial appropriate box(es) Share Acct. Checking Christmas Club Regular Club
 Flex Account Certificate _____ month term ATM card VISA Debit Card Other _____

All required disclosures will be distributed at time of account opening.

Name 1 Signature _____ Date _____

Name 2 Signature _____ Date _____

Name 3 Signature _____ Date _____

Part IV: Multiple Name Account Agreement

The joint owners of this account hereby agree with each other and with the credit union that all sums now paid into this account, by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to withdrawal or receipt of any of them, except to the extent an initialed restriction below applies. Payment in accordance with such a proper demand shall be valid and discharge the credit union from any liability for such payment. The credit union is hereby authorized to recognize the signature(s) subscribed above, in accordance with the restriction listed below, in the payment of funds or the transaction of any business for this account. However, no individual may be removed as an owner of this account, except upon death, without that individual's consent. No beneficiary of this account may be changed except with the consent of all living owners.

The right or authority of the credit union under this agreement shall not be changed by any owners, except by written notice to the credit union. Such notice shall not affect any transactions made prior to receipt of the notice by the credit union.

Withdrawal Restrictions [Name (1) check box that applies and insert initials in space provided.]

- _____ Any owner of this account may make a withdrawal without the signature of any other owner. (Note: if no box is checked, this provision shall apply.)
- _____ Signatures of all living owners required for any withdrawal.
- _____ Other _____

Part V: Beneficiary Information and Provisions

Upon death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become property of the beneficiary(ies) listed below who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. The multiple name account agreement (Part IV) shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

	Beneficiary Name	Social Security #	Birthdate
Name 1	_____	_____	_____
Name 2	_____	_____	_____

Credit Union Use Only

_____	_____	_____
Membership Officer	Date	Account #