

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner: _____

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Joint Account without Survivorship (Beneficiaries not Allowed)

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the ACCOUNT TYPE section is/are held by _____ as custodian for _____ until age _____ (may not be older than 21) under the Michigan Uniform Transfers to Minors Act.

Custodian's Address: _____

Phone: _____ Date of Birth: _____ Other: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Michigan Uniform Transfer to Minors Act, I hereby designate _____ successor custodian for all accounts listed in the ACCOUNT TYPE section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian _____ Date _____

Witness _____ Date _____

ACCOUNT DESIGNATIONS

Beneficiary Account

Beneficiary: _____	Beneficiary: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____

Agency Name of Agent: _____ (please print)
Signature _____ (date)

Other: _____ See Account Authorization Card

