

Member Service Agreement

Part 1



MID-ILLINI
CREDIT UNION
WHERE DIFFERENT | IS BETTER

PO Box 1266
Bloomington, IL 61702
Phone: 309.661.1166
www.midillinicu.com

OWNER INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

1

Owner 1 Name		Address	City	State	ZIP
Mobile Phone	Work Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Mother's Maiden Name		
Employer/Retired From	Driver's License - State, Number & Issue and Exp. Date				

ACCOUNT(S)	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>
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2

SERVICE(S)	<input type="checkbox"/> Debit/ATM Card	<input type="checkbox"/> CUTIE	<input type="checkbox"/> Online Banking	<input type="checkbox"/> eStatements	<input type="checkbox"/> Mobile	<input type="checkbox"/> Remote Deposit	<input type="checkbox"/> Pay Overdrafts for Debit/ATM
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3

MULTIPLE OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.)

4

Owner 2 Name		Address	City	State	ZIP
Mobile Phone	Work Phone	Social Security Number	Date of Birth	E-mail Address	
Employer/Retired From	Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date			

Owner 3 Name		Address	City	State	ZIP
Mobile Phone	Work Phone	Social Security Number	Date of Birth	E-mail Address	
Employer/Retired From	Mother's Maiden Name	Driver's License - State, Number & Issue and Exp. Date			

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations that may receive funds remaining in the account(s) on the final owner's death.)

6

Beneficiary/POD Payee 1 Name	Relationship	Social Security No.	Beneficiary/POD Payee 2 Name	Relationship	Social Security No.
Beneficiary/POD Payee 3 Name	Relationship	Social Security No.	Beneficiary/POD Payee 4 Name	Relationship	Social Security No.

MID-ILLINOIS DOLLARS FOR SCHOLARS FOUNDATION

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☐ **YES!** I would like to donate and establish my membership in the Mid-Illinois Dollars for Scholars Foundation. Mid-Illinois Dollars for Scholars Foundation is a nonprofit organization committed to supporting academic excellence. The foundation encourages high school graduates to further their education by providing them scholarship assistance. Please choose a giving level below.

☐ \$1.00 ☐ Other _____ Mid-Illinois Dollars for Scholars Foundation will not share your information with any other organization without your express written consent.

MEMBERSHIP MEETINGS & PROXY VOTING OPT OUT

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Proxy voting allows the Board of Directors of Mid Illini Credit Union to cast any vote that a member could cast at any membership meeting that he/she does not attend. The proxy of a member's vote renews annually, and may be cancelled by the member at any time by contacting the Credit Union. **By checking the following box, I elect to decline appointing the Board of Directors as my proxy.** ☐

TAX INFORMATION CERTIFICATION By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding ☐ Exempt ☐ I am not a United States citizen or resident (complete W-8 form)

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Mid-Illini Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 9 above).

Owner 1 Signature _____ Owner 2 Signature _____ Owner 3 Signature _____

I agree to be removed as an Owner

OFFICE USE ONLY	CU Employee Name	Field of Membership	<input type="checkbox"/> Page 1 of 2	Date
	<input type="checkbox"/> Original <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Terminate			

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Member Service Agreement

Part 1 • P2



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ACCOUNT(S) ☐ ☐ ☐ ☐ 2

MULTIPLE OWNER(S) INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 4

Owner 4 Name Address City State ZIP
Mobile Phone Work Phone Social Security Number Date of Birth E-mail Address
Employer/Retired From Mother's Maiden Name Driver's License - State, Number & Issue and Exp. Date

Owner 5 Name Address City State ZIP
Mobile Phone Work Phone Social Security Number Date of Birth E-mail Address
Employer/Retired From Mother's Maiden Name Driver's License - State, Number & Issue and Exp. Date

TRANSACTION ☐ N1 ☐ N2 ☐ N3 **or INFORMATION USER** ☐ N1 ☐ N2 ☐ N3 5
(A transactor (an "authorized signer" in our data processor) may conduct transactions, and an information user may access information, on behalf of the owner(s))

Transactor or Info User 1 Name Relationship Address City State ZIP
Mobile Phone Work Phone Social Security Number Date of Birth E-mail Address

Transactor or Info User 2 Name Relationship Address City State ZIP
Mobile Phone Work Phone Social Security Number Date of Birth E-mail Address

Transactor or Info User 3 Name Relationship Address City State ZIP
Mobile Phone Work Phone Social Security Number Date of Birth E-mail Address

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or organizations to receive the funds held in the account(s) on the death of the final owner.) 6

Beneficiary/POD Payee 5 Name	Relationship	Social Security No.	Beneficiary/POD Payee 6 Name	Relationship	Social Security No.
Beneficiary/POD Payee 7 Name	Relationship	Social Security No.	Beneficiary/POD Payee 8 Name	Relationship	Social Security No.
Beneficiary/POD Payee 9 Name	Relationship	Social Security No.	Beneficiary/POD Payee 10 Name	Relationship	Social Security No.
Beneficiary/POD Payee 11 Name	Relationship	Social Security No.	Beneficiary/POD Payee 12 Name	Relationship	Social Security No.

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Mid-Illini Credit Union ("we", "us" & "our"), or is authorized to *take action*, according to our Member Service Agreement 10 (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures (and which, along with our records, comprise the terms of the MSA). Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may *conduct transactions on* and *take action* to start, maintain, change, add or terminate accounts, products and services, a transactor may *conduct transactions on* accounts, products and services, and an information user may access information about accounts, products and services, as explained in Part 2 of this MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. *The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding* (in Section 9 on page 1).

Owner 1 Signature Owner 2 Signature Owner 3 Signature

Owner 4 Signature Owner 5 Signature Transactor or Information User 1 Signature

Transactor or Information User 2 Signature Transactor or Information User 3 Signature I agree to be removed as an Owner, Transactor or Information User

OFFICE USE ONLY CU Employee Name Field of Membership This is Page 2 of the MSA Part 1 Date 11
☐ Original ☐ Change ☐ Add ☐ Terminate