



ACCOUNT #

3152 17th Ave South, Minneapolis MN 55407  
(612) 722 5004 lcu@latviancu.com

## Membership Application

### I Am Interested In The Following Products and Services

<input type="checkbox"/> Share Savings Account	<input type="checkbox"/> Mortgage / Refinancing
<input type="checkbox"/> Share Draft Account	<input type="checkbox"/> UTMA Account
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Home Equity Loan
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Line of Credit
<input type="checkbox"/> Loans - Auto RV Signature Lifestyle	<input type="checkbox"/> Money Transfer

### Primary Member Information

First Name:	Middle Initial:
Last Name:	
Address:	
City:	Zip Code:
State:	Country:
Home Phone:	Cell Phone:
Date of Birth:	SSN:
Driver's Licence/ID #:	DL State:
Employer:	Work Phone:
Mother's Maiden Name:	Email Address:

### Joint Member Information

First Name:	Middle Initial:
Last Name:	
Address:	
City:	Zip Code:
State:	Country:
Home Phone:	Cell Phone:
Date of Birth:	SSN:
Driver's Licence/ID #:	DL State:
Employer:	Work Phone:
Mother's Maiden Name:	Email Address:
Relationship to Primary Account Owner:	

### Custodian Information- Uniform Transfers / Gifts to Minors (UTMA) Account

Custodian's First Name:	Middle Initial:
Last Name:	Account No:
Minor's First Name:	Middle Initial:
Last Name:	
Minor's Date of Birth:	Minor's SSN:
Custodian's relationship to Minor:	

**Pay on Death (POD) Beneficiaries**

Payable on Death (POD): In the event of my death, or the death of all owners, I/we designate the following beneficiary(ies) to receive all sums in my/our account.

Beneficiary First Name:	Middle Initial:
Last Name:	
Date of Birth:	SSN:
Relationship to Member:	
Beneficiary First Name:	Middle Initial:
Last Name:	
Date of Birth:	SSN:
Relationship to Member:	

**Membership eligibilty requirements**

Latvian CU is a membership based organization. To be eligible to join the Latvian Credit Union you need to be a member of one of the three following organizations (check the appropriate box if you already belong to one of these organizations):

- Latvian Organization Association in Minnesota (LOAM)
- Association "Daugavas Vanagi"
- Latvian Evangelical Lutheran Church of Minneapolis and St. Paul

You are also eligible to join the Latvian CU if someone in your family is already a member at the Latvian CU.

My family member belongs to Latvian CU \_\_\_\_\_ (name of your family member)

If you are not a member of these organizations but would like to join Latvian Organization Association in Minnesota (LOAM), please pay a nominal fee of \$10.00 and fill in the following:

I, \_\_\_\_\_, wish to join the Latvian Organization Association in Minnesota (LOAM)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deposit to New Account**

A \$10 one-time membership fee and a \$5 initial deposit are required for membership. Your \$5 initial deposit is your "share" of the Credit Union.

I am funding \$ \_\_\_\_\_ by:  Cash  Check

Under penalties of perjury, I certify that the taxpayer identification number provided is correct and, unless this box is checked , I am NOT subject to backup withholding under Section 3406(a)(1)(c) of the IRS Code, and I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

I hereby make application for membership in Latvian Credit Union and agree to conform to the bylaws and amendments thereof. I authorize Latvian Credit Union to check my credit history, as well as obtain and provide additional credit information to and from others. I understand that membership is contingent on satisfactory account verification. I understand that joint account owners will have the same ownership privileges as the primary member. I agree that I will have the option of opening additional accounts verbally or electronically unless stated otherwise in writing. I agree that the account(s) and/or services shall be governed by the terms and conditions set forth herein the Credit Union's Disclosures, with which I shall be provided.

\_\_\_\_\_  
Primary Member Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Signature \_\_\_\_\_  
Date

Latvian Credit Union is required by the U.S. Patriot Act to verify the identity of new account members and signers added to existing accounts. We may retain copies of all documents we use to verify your identity. An account includes a share account, loan, line of credit or other services we offer. Latvian Credit Union keeps copies of identification secure and confidential and will disclose these copies only as required by law.