LATVIAN CREDIT UNION

3152 17th Ave S, Minneapolis MN 55407
(612)722-5004 www.latviancu.com

Account #_____

Membership Application

- ☐ Share Savings Account
- ☐ Share Draft Account
- ☐ Debit Card
- ☐ Certificate of Deposit
- ☐ Mortgage / Refinancing
- ☐ Loans - Auto Recreational Signature Lifestyle
- ☐ Home Equity Loan
- ☐ Home Equity Line of Credit

Primary Member Information

Last Name:	MI:	First Name:
Address:		
City:	State:	Zip Code:
Date of Birth:		SSN or ITIN:
Email Address:		Cell Phone:
Form of Identification: ☐ Passport ☐ Driver's License ☐ Other_____		Identification Number:
Name of Employer:		Occupation:
Mother's Maiden Name:		Work Phone:

Joint Member Information

Last Name:	MI:	First Name:
Address:		
City:	State:	Zip Code:
Date of Birth:		SSN or ITIN:
Email Address:		Cell Phone:
Form of Identification: ☐ Passport ☐ Driver's License ☐ Other _____		Identification Number:
Name of Employer:		Occupation:
Mother's Maiden Name:		Work Phone:
Relationship to Primary Account Owner:		

Debit Card Request

☐ Yes, I would like to apply for a Debit Card. ☐ No, I am not interested in applying for a Debit Card.

You may use your card to withdraw funds deposited in your account. The number of times a card may be used each day is not limited, as long as you do not exceed your daily dollar limit. Daily withdrawal limits are $750 at Point-of-Sale and $400 from an ATM. There will be no withdrawal fees at MoneyPass ATMs. When you use a non-MoneyPass ATM you may be charged a fee by the ATM operator.

☐ I agree that the LCU can charge me an overdraft fee for any debit card transaction that overdraws my account.

Signature: _____ Date:_____

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 Last Name:	MI:	First Name:	
Date of Birth:		SSN or ITIN:	
Email Address:		Relationship to Member:	

Membership Eligibility 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 following organizations (check the appropriate box if you already belong to one of these organizations):

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

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

My family member belongs to Latvian CU_____(name of your family member)

If you are not a member of these organizations, you must join Latvian Organization Association in Minnesota (LOAM), and pay a nominal fee of $10.00 and complete the following:

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

Signature_____Date_____

Deposit to New Account

A $5 initial deposit is required for membership. Your $5 initial deposit is your "share" of the Credit Union.

□ I am funding initial deposit $	by:	□ Cash	□ Check	□ ACH Transfer
□ I am funding one time membership fee $10.00	by:	□ Cash	□ Check	□ ACH Transfer

Under penalties of perjury, I certify that the taxpayer identification number provided is correct and, unless this field 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.

☐ By checking this box, I certify that I am a resident alien without an SSN or ITIN and agree to have a non- dividend bearing deposit account until a TIN is provided.

☐ By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

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.

E-Statements: ☐ By checking this box, the applicant agrees to receive account statements, notices, and other disclosures electronically, confirms they accept the Electronic Statement and Disclosure Agreement available at latviancu.com, and understands that paper statements will no longer be mailed. Consent can be withdrawn at any time by contacting the credit union.

_____ _____

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.