

# Member Service Agreement for a Fiduciary

Part 1



**MID-ILLINI CREDIT UNION**  
WHERE DIFFERENT | IS BETTER

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

**OWNER-FIDUCIARY INFORMATION** (Relative, Custodian, Rep Payee, VA Fiduciary, Landlord, Guardian, Conservator, Estate Rep, Fund Representative or Other Fiduciary) 1a

Owner-Fiduciary 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				
Fiduciary Role/Relationship to Name for SSN/EIN Reporting	Explanation (Optional)				

**NAME FOR SSN OR EIN REPORTING** (Child, Grandchild, Minor, SS Beneficiary, VA Beneficiary, Tenant, Principal, Ward, Other Protected Person, Decedent or Fund) 1b

Name Used to Report Dividends/Interest	SSN or EIN	Date of Birth	Relationship to Owner-Fiduciary 1 Above
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**ACCOUNT(S)**  Savings  Checking    2

**SERVICE(S)**  Debit/ATM Card  CUTIE  Online Banking  eStatements  Mobile  Remote Deposit  Pay Overdrafts for Debit/ATM 3

**MULTIPLE OWNER-FIDUCIARY(S) INFORMATION** (Relative, Custodian, Rep Payee, VA Fiduciary, Landlord, Guardian, Conservator, Estate Rep, Fund Rep or Other Fiduciary) 4

Owner-Fiduciary 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			
Fiduciary Role/Relationship to Name for SSN/EIN Reporting	Explanation (Optional)				

**SUCCESSOR-FIDUCIARY NOTATION(S)** (Relative, Custodian, Rep Payee, VA Fiduciary, Guardian, Conservator, Estate Rep, Fund Rep or Other Fiduciary) 5

Successor-Fiduciary 1 Name	Rel to Name for TIN Reporting	Successor-Fiduciary 2 Name	Rel to Name for TIN Reporting
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**MID-ILLINOIS DOLLARS FOR SCHOLARS FOUNDATION** 6

**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** 7

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, applies to be or represents 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. 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. You acknowledge that you have opened the account(s), product(s) and/or service(s) to hold the funds of another person (a child, minor, Social Security Beneficiary, VA Beneficiary, tenant, ward, other protected person or a decedent) or fund as a relative, custodian, representative payee, VA fiduciary, landlord, guardian, conservator, estate representative, representative of a fund or other fiduciary. You further understand that though dividends/interest paid to the account are/is reported under the person's/estate's/fund's name and Social Security Number/Employer Identification Number, you are the fiduciary who may take actions and conduct transactions on the account(s) on behalf of this person, estate or fund. If you place a successor on an account to claim the funds in the event the owner(s) can no longer act for the person, estate or fund whose name the dividends/interest are/is reported in, a successor may claim the funds in the account upon providing proof satisfactory to us of his, her or their authority and succession to act on behalf of the person, estate or fund. 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 8 above).*

Owner-Fiduciary 1 Signature	Owner-Fiduciary 2 Signature	I agree to be removed as an Owner-Fiduciary
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<b>OFFICE USE ONLY</b>	CU Employee Name	Field of Membership	Date
	<input type="checkbox"/> Original   <input type="checkbox"/> Change   <input type="checkbox"/> Add   <input type="checkbox"/> Terminate <span style="float: right;">10</span>		