



ESTATE MEMBERSHIP AGREEMENT

Important Information About Procedures for Opening/Modifying an Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you join Connexus Credit Union with an account, we will ask for your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

Please print clearly in blue or black ink. Sections must be fully completed before submission.

SECTION ONE – ESTATE INFORMATION	
DECEASED MEMBER (LAST NAME, FIRST NAME, MIDDLE INITIAL)	MEMBER NUMBER
TITLE OF ESTATE	ESTATE EIN
SECTION TWO – ACCOUNT TYPE(S)	
Note: A Membership Share Savings is automatically selected as part of the membership opening. You may also elect to open any of the following. Please select all that apply:	
Xtraordinary Checking	Innovative Checking
Money Market	Additional Savings
Share Certificates: 12 Month Term	24 Month Term
36 Month Term	48 Month Term
SECTION THREE – EXECUTOR INFORMATION	
INCLUDE A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID FOR THE EXECUTOR	
EXECUTOR (LAST NAME, FIRST NAME, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP
OWN RENT OTHER	OCCUPANCY DURATION _____ YEAR(S) _____ MONTH(S)
PRIMARY PHONE	SECONDARY PHONE
BIRTH DATE	E-MAIL
DRIVER'S LICENSE # STATE	DRIVER'S LICENSE ISSUE AND EXPIRATION DATE
EMPLOYMENT STATUS	CURRENT/FORMER OCCUPATION
EMPLOYER NAME	EMPLOYMENT DURATION _____ YEAR(S) _____ MONTH(S)
*Note: if retired, indicate employer & occupation retired from. If self-employed, indicate such, along with the name and nature of business.	MOTHER'S MAIDEN NAME
SECTION FOUR – CO-EXECUTOR INFORMATION	
INCLUDE A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID FOR THE CO-EXECUTOR	
CO-EXECUTOR (LAST NAME, FIRST NAME, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP
OWN RENT OTHER	OCCUPANCY DURATION _____ YEAR(S) _____ MONTH(S)

PRIMARY PHONE	SECONDARY PHONE
BIRTH DATE	E-MAIL
DRIVER'S LICENSE # STATE	DRIVER'S LICENSE ISSUE AND EXPIRATION DATE
OCCUPANCY STATUS	CURRENT/FORMER OCCUPATION
EMPLOYER NAME	EMPLOYMENT DURATION _____ YEAR(S) _____ MONTH(S)
*Note: if retired, indicate employer & occupation retired from. If self-employed, indicate such, along with the name and nature of business.	MOTHER'S MAIDEN NAME

SECTION FIVE – CERTIFICATION

I/We acknowledge receipt of the following agreements and disclosures; Important Account Information booklet containing Terms and Conditions, Electronic Fund Transfers Rights and Responsibilities, Your Ability to Withdraw Funds and the Truth-In-Savings Disclosure; Fee Schedule; Investment Rate Sheet; Privacy Policy.

I/We hereby certify that we have been duly qualified and/or appointed by a court to settle the above decedent's estate, including, but not limited to, the payment of taxes, debts, and distribution of assets and/or property belonging to the estate. Connexus assumes no responsibility for the administration of this estate account or the settlement of the above decedent's estate at any time. I/We understand that upon settlement of the decedent's estate, it is my/our responsibility to request closure of the estate account. I/We understand and agree that this account and any withdrawal is subject to limitations imposed by law, rules of the payment clearing networks, Credit Unions bylaws, and the terms and conditions disclosed for this account, as amended from time to time.

Tax Certification Under penalties of perjury, I certify that: 1) The number shown is the correct taxpayer identification number (or I am waiting for a number to be issued), 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. person (including a U.S. resident alien). **Certification Instructions:** Cross out 2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3) and complete a W-8 BEN if you qualify and are not a U. S. Person. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

SECTION SIX - SIGNATURES

_____	_____
Executor Signature	Date
_____	_____
Co-Executor Signature	Date

CONNEXUS CREDIT UNION USE ONLY

Estate Membership Agreement	Date Received: _____	Received By: _____	Sent to Imaging: _____
Death Certificate	Date Received: _____	Received By: _____	Sent to Imaging: _____
Domiciliary Letter	Date Received: _____	Received By: _____	Sent to Imaging: _____

Mailing Address:
 Connexus Credit Union
 PO Box 8026
 Wausau, WI 54402

Fax:
 715-847-4748
 715-847-4747

Phone Number:
 800-845-5025
 715-847-4700

Visit us online at: www.connexuscu.org