



TRUST ACCOUNT APPLICATION

A copy of the driver's license for each trustee is required. A Certificate of Trustee or Grantor is also required. **A \$5 minimum deposit** is required with this completed form and a **photocopy of your driver's license or picture ID** (signed) to open a new membership account. When opening a checking account, be sure to include a **deposit of at least \$25** when you return this completed application.

Date	Member Number	Name
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Tell us about services you need (check all that apply.)

Services <input type="checkbox"/> Online Banking <input type="checkbox"/> Online Bill Pay <input type="checkbox"/> Cutele (telephone audio response) <input type="checkbox"/> Debit Card <input type="checkbox"/> Direct Deposit/Payroll Deduction	Checking Accounts <input type="checkbox"/> eChecking <input type="checkbox"/> Free Checking <input type="checkbox"/> Rewards <input type="checkbox"/> Free 55	Savings Accounts <input type="checkbox"/> Certificates <input type="checkbox"/> IRAs <input type="checkbox"/> Money Market	<input type="checkbox"/> Auto Loan VISA Credit Card <input type="checkbox"/> Limit Request \$ _____ Ready Cash Plus (Overdraft protection) <input type="checkbox"/> Limit Request \$ _____
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Section A: Trust Information

Name of Trust			Trust Type: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
Street Address (No PO Boxes)		Yrs Trust in Existence		Years at Address
City	State	Zip	Website/Email Address	
Phone		Cell Phone	Fax	
Social Security/Federal Tax ID #				

Section B: Trustee #1 Information

Name: Last, First, Middle		Social Security #		Birthdate
Street Address (No PO Boxes)		Driver's License #		Years at Residence
City	State	Zip		
Employer			Date of Hire	
Home Phone	Work Phone	Cell Phone	Email	
Have you lived in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, list others: _____		
How do you qualify for membership? <input type="checkbox"/> CHS <input type="checkbox"/> Dakota County <input type="checkbox"/> Family <input type="checkbox"/> Land O'Lakes <input type="checkbox"/> Other _____				
Have you or your business ever had a checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of institution: _____				
Have you or your business ever had a checking account CLOSED by a financial institution without your consent within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of institution and reason: _____				
Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section C: Trustee #2 Information

Name: Last, First, Middle		Social Security #		Birthdate
Street Address (No PO Boxes)		Driver's License #		Years at Residence
City	State	Zip		
Employer			Date of Hire	
Home Phone	Work Phone	Cell Phone	Email	
Have you lived in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, list others: _____		
How do you qualify for membership? <input type="checkbox"/> CHS <input type="checkbox"/> Dakota County <input type="checkbox"/> Family <input type="checkbox"/> Land O'Lakes <input type="checkbox"/> Other _____				
Have you or your business ever had a checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of institution: _____				

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Section C: Trustee #2 Information (continued)

Have you or your business ever had a checking account CLOSED by a financial institution without your consent within 12 months of making this application?
 Yes No If yes, name of institution and reason: _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? Yes No

Section D: Trustee #3 Information

Name: Last, First, Middle _____ Social Security # _____ Birthdate _____

Street Address (No PO Boxes) _____ Driver's License # _____ Years at Residence _____

City _____ State _____ Zip _____

Employer _____ Date of Hire _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Have you lived in MN the last 5 years? Yes No If no, list others: _____

How do you qualify for membership? CHS Dakota County Family Land O'Lakes Other _____

Have you or your business ever had a checking account at this or another financial institution within 12 months of making this application? Yes No
 If yes, name of institution: _____

Have you or your business ever had a checking account CLOSED by a financial institution without your consent within 12 months of making this application?
 Yes No If yes, name of institution and reason: _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? Yes No

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW 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 open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Section E: Check Order Information

Check (Debit) Card Member #: _____ Style Code: _____ Start #: _____ Qty: _____ Reorder #: _____
 Line 1 _____ Line 3 _____
 Line 2 _____ Line 4 _____

Section F: Share & Checking Account Agreement

Everything I/we have stated in this application is true to the best of my/our knowledge. I/We understand that Heartland will retain this application whether or not it is approved. Heartland is authorized to verify my/our employment, check my/out credit history and to answer questions about credit experience with my/us. By making this application, I/we agree to (1) the terms and conditions governing all Heartland accounts; (2) the terms and conditions of any agreements for specific services such as checking, savings, certificates and electronic banking; and (3) the terms of Heartland's fee and information schedule as amended from time to time. I/we also agree to all terms, whether posted in your premises, printed on deposit slips, contained in your fee and information schedule or enclosed with statements. I/We understand that any of the terms may be changed by Heartland from time to time. My/our signature below signifies that I/we have read the Account Agreement and Disclosure and agree to abide by its terms and conditions.

Trustee #1 _____

Trustee #2 _____

Trustee #3 _____

Section G: Tax Identification Information

Social Security # or Federal Tax ID #: _____

- The taxpayer identification number (TIN) shown above is my correct taxpayer identification number for this trust.
- EXEMPT RECIPIENT I am an exempt recipient under the Internal Revenue Service regulations.
- BACKUP WITHHOLDING I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

X Signature _____ Date _____

OFFICE USE ONLY

TRUSTEE TRUSTEE TRUSTEE #1 #2 #3	ID Verified	OFAC Check	eFunds Check	Checks Ordered	Check Card 1 2 3 4	Teller #	Verified By
					1 2 3 4		
					1 2 3 4		
					1 2 3 4		