

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 \$30** when you return this completed application.

Date	Member Number	Name	
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 \$ _____
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"/> Land O'Lakes <input type="checkbox"/> Other _____ <input type="checkbox"/> Family <input type="checkbox"/> County _____			
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"/> Land O'Lakes <input type="checkbox"/> Other _____ <input type="checkbox"/> Family <input type="checkbox"/> County _____			
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? <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"/> Land O'Lakes <input type="checkbox"/> Other _____ <input type="checkbox"/> Family <input type="checkbox"/> County _____						
Have you or your business ever had a checking account at this or another financial institution within 12 months of making this application? If yes, name of institution: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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	Debit Card Blue/Black	Teller #	Verified By
					Debit Card Blue/Black		
					Debit Card Blue/Black		