

# ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
<b>Member/Owner:</b>	Member No: _____
<b>Street:</b>	<b>SSN/TIN:</b>
<b>City/State/Zip:</b>	<b>Driver's Lic. No:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>
<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>E-mail:</b>	<b>Membership Eligibility:</b>
<b>Employer:</b>	

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship	
<b>Joint Owner:</b>	<b>SSN/TIN:</b>
<b>Street:</b>	<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>	<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	<b>E-mail:</b>
<b>Joint Owner:</b>	<b>SSN/TIN:</b>
<b>Street:</b>	<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>	<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	<b>E-mail:</b>
<b>Joint Owner:</b>	<b>SSN/TIN:</b>
<b>Street:</b>	<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>	<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	<b>E-mail:</b>

ACCOUNT DESIGNATIONS	
<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> _____	
<b>Beneficiary/POD Payee:</b>	Beneficiary/POD Payee: _____
<b>Street:</b>	Street: _____
<b>City/State/Zip:</b>	City/State/Zip: _____
<b>Beneficiary/POD Payee:</b>	Beneficiary/POD Payee: _____
<b>Street:</b>	Street: _____
<b>City/State/Zip:</b>	City/State/Zip: _____
<b>Beneficiary/POD Payee:</b>	Beneficiary/POD Payee: _____
<b>Street:</b>	Street: _____
<b>City/State/Zip:</b>	City/State/Zip: _____
<b>Beneficiary/POD Payee:</b>	Beneficiary/POD Payee: _____
<b>Street:</b>	Street: _____
<b>City/State/Zip:</b>	City/State/Zip: _____
<b>Beneficiary/POD Payee:</b>	Beneficiary/POD Payee: _____
<b>Street:</b>	Street: _____
<b>City/State/Zip:</b>	City/State/Zip: _____
<input type="checkbox"/> MTML (as custodian for _____ (minor) under the Missouri Transfers to Minors Law)	
<input type="checkbox"/> Agency    Print Name of Agent: _____	
Signature: _____ Date: _____	
<input type="checkbox"/> Personal Custodian Account (as custodian for _____).	
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> See Account Authorization Card	

