



## FAIM Program

### Savings Account Opening Information

Applicant Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_

City: \_\_\_\_\_ State:  MN  Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt/Lot: \_\_\_\_\_

City: \_\_\_\_\_ State:  MN  Zip: \_\_\_\_\_

Home Phone (not cell): \_\_\_\_\_

**\*By providing my cell phone number and email address below, I authorize Bremer Bank to open my FAIM savings account using an electronic signature option and to contact me by phone and email.**

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License # or State ID #: \_\_\_\_\_

**\*\*Include a copy of ID\*\***

Social Security Number: \_\_\_\_\_

### Employment

Title/Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_



## FAIM Program

### Signature Authorization for Withdrawals (SAW) Form

I, \_\_\_\_\_ (account holder legal name), give consent for the FAIM Coach with \_\_\_\_\_ (local agency) or the FAIM Administrator at West Central MN Communities Action (WCMCA) to sign on my behalf for the purpose of transferring funds from my custodial FAIM savings account at Bremer Bank to the fiscal agent's account where the funds may be matched and applied toward purchase of my chosen asset.

\_\_\_\_\_  
FAIM Account Holder Physical Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FAIM Coach Physical Signature

\_\_\_\_\_  
Date

**FAIM Coach:** This form **MUST** be physically signed by the account holder and coach. Provide a copy to Bremer Bank as proof of authorization to make transfer requests from the client's FAIM savings account if they are not able to physically sign the FAIM Savings Transfer Request form.



FAMILY ASSETS FOR  
INDEPENDENCE  
IN MINNESOTA

## FAIM Program

### Bremer Bank Form

## Certificate for Opening Family Asset Account

The person listed below is an approved account holder in the Family Assets for Independence in Minnesota (FAIM) Program:

Account Holder's Legal Name: \_\_\_\_\_  
Street Address & Apt/Lot #: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Personal Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please open a Family Assets Account, as stated in the FAIM Contract Agreement, for the person listed above. Bremer Bank can release monthly savings information to **West Central Minnesota Communities Action, Inc. (WCMCA)** for data entry into the Management Information System (MIS) for the project, who will forward it to \_\_\_\_\_ (local FAIM agency). The account holder is required to show a valid Minnesota Driver's License or Minnesota Identification Card at the time of the account opening. The Family Asset Account must be under joint arrangement between the account holder and \_\_\_\_\_ (local FAIM agency).

Bremer Bank agrees to provide monthly savings information to West Central Minnesota Communities Action, Inc. to calculate the match earned on the account holder's savings. If the FAIM account holder is no longer eligible to remain in the program, notice will be provided to Bremer Bank, in writing, from the FAIM Coach or State FAIM Administration.

**No withdrawals are allowed from this account without written approval from the following FAIM Agency \_\_\_\_\_ or State FAIM Administration.**

\_\_\_\_\_  
FAIM Account Holder Physical Signature

\_\_\_\_\_  
Date

FAIM Coach Name: \_\_\_\_\_

Coach Phone: \_\_\_\_\_

\_\_\_\_\_  
FAIM Coach Physical Signature

\_\_\_\_\_  
Date



## FAIM Program

### RELEASE OF INFORMATION AGREEMENT For Bremer Bank Transmittal of Account Holder Savings Information Bremer Bank Form

As an account holder in the Family Assets for Independence in Minnesota (FAIM) Program and an owner of a Family Assets Account at Bremer Bank, I authorize Bremer Bank to release information on my Individual Development Account to West Central Minnesota

Communities Action, Inc. (WCMCA) and \_\_\_\_\_  
(Local Agency), the FAIM sub-grantee, for purpose of monitoring and evaluation.

If, for any reason, I am no longer participating in the Family Assets for Independence in Minnesota (FAIM) Program I understand that the account will be closed, and the remaining funds will be mailed to my last known address.

FAIM Account Holder Full Name: \_\_\_\_\_

\_\_\_\_\_  
FAIM Account Holder Physical Signature

\_\_\_\_\_  
Date

#### Local FAIM Coach:

Name:  
Agency:  
Phone:  
Fax:  
Email:

#### \*\*\*\* For Bremer Bank Use Only \*\*\*\*

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Bank Branch Number: \_\_\_\_\_

FAIM Savings Account Number: \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

Date of 1<sup>st</sup> Deposit: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Bremer Staff Signature: \_\_\_\_\_

**After opening the account, please email a copy of this form to the FAIM Coach listed above.**