Add a Joint Cardmember

A Joint Cardmember is a person you add to your 1-2-3 REWARDS[®] Mastercard[®] Account. In the case of a joint account, each Cardmember has the right to use the Account to the extent of the Account credit limit and will be liable for all credit extended under the Account. For your protection, we require your written authorization to add an individual to your Account and we require the signature and agreement of the Joint Cardmember. To request an addition, fax or mail this completed form back to us at the number/address noted below. Your Account terms will not change.

Primary Cardmemb	er Name (First, Mid	dle, Last - please print as it appears	on your Card):			
1-2-3 REWARDS® Maste	rcard [®] Account Numbe	r: [_]			·	
		Monthly Housing Paymen				
this obligation. ² Include personal and, if	applicable, spousal/do	tenance income need not be re mestic partner income. Total annua earned by the applicant.				
Primary Cardmember	Signature:			Date: _		
		Last - please print):				
		Social Security Number:				
		Cell Phone:				
	nicate information abou	t your credit card application and bo		nts. Confidential, personal a	nd financial information wil	l never be sent
Street Address (No P.O.	Boxes, U.S. Addres	ses only):				
Mailing Address (if differ	ent than above):					
		Country of Per				
Joint Cardmember □ Full-time Employment Work Phone Number:	Part-time Employ	ment 🗖 Unemployed 🗖 Self-Emp	ployed 🗖 Homemaker	Retired Student I	⊐ Military	
Occupation (Enter name of	of your current or most	recent occupation or explain why yo	ou cannot.)			
¹ Alimony, child supporting this obligation. ⁴ Include personal and, if a	rt or separate main	ome ^{1, 4} \$ tenance income need not be re nestic partner income that was not a s, etc. APPLICANTS UNDER 21: Onl	evealed if you do not already included by the p	orimary cardmember. Total a		-
Main Source of Joint Car Employment Income Government Program Other:	□ Sale of Property □ Social Security	Income (Choose One): Investments Inheritance Trust Fund Disbursements	□ Rental Income □ □ Pension/Retiremen		Proprietorship	
For Wisconsin residence opened, we may give not		d Wisconsin residents must provide e applicant's spouse.	e the name and address	of their spouse below. If this	s credit Account is	
I am 🗆 Unmarried 🗖 I	Married and the name o	f my spouse is:				
and my spouse resides at	: D The address show	vn above, or:				

Joint Cardmember Monthly Housing Payment

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_____ Choose One: 🗖 Own 🗖 Other

U.S. Bank National Association ("we", "us", and "our") may request consumer credit reports about you for evaluating this request and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider.

By signing below as a Joint Cardmember, I understand that I will be individually and jointly liable for credit extended on this Account, and I agree that information I have provided on this form is true and correct and that I will abide by the terms of the Cardmember Agreement, which will arrive with my 1-2-3 REWARDS[®] Mastercard[®].

Joint Cardmember Signature:

Date: /

IMPORTANT INFORMATION ABOUT ADDING A NEW ACCOUNT HOLDER TO 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 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.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order, or have actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

Please fax your completed form to: 1-866-568-7729 Or mail to: U.S. Bank National Association, PO Box 6349, Fargo, ND 58125-6349

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Contact Cardmember Service 24/7: 1-844-237-0593

