

Primary Member Information

PEFCU Field of Membership is required to join.

First Name (Print) _____ Middle _____ Last _____
 Address (Physical – Apt. #) _____
 City _____ State _____ ZIP _____ Years at this Address _____
 Address (PO Box) _____ City _____ State _____ ZIP _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 E-mail _____ Date of Birth _____
 Driver's License or State ID Number _____ Mother's Maiden Name _____
 Social Security No. _____
 Employer's Name _____ Address _____
 Occupation _____ Years in this Position _____
 Supervisor's Name _____ Phone _____

I Qualify for Membership Through: PSM Associate Store/Dept No: _____ Crisper's Associate Relative of a Publix Associate
 Relative of a Crisper's Associate Relative of a PEFCU Member PSM Retired Associate

Relative First and Last Name (Print) _____ Relationship _____ Home Phone _____

ALL INFORMATION IN THIS SECTION IS REQUIRED FOR THE ACCOUNT TO BE PROCESSED.

Will this account be a Uniform Transfer to Minors Act (UTMA) Child account? Child does not have withdrawal privileges until age of majority. Yes No
 Account Purpose: Savings Household/Living Checking Specific Combined Household/Home Business
 Primary Source of Funds: Cash Checks ACH (Direct Deposit, Social Security, or Pension) Wire (Foreign, Domestic, or Both) Other _____
 Estimated monthly averages of deposits by: Cash _____ Checks _____ ACH (Direct Deposit, Social Security, or Pension) _____
 Wire (Foreign, Domestic, or Both) _____ Other _____
 How often are these types of deposits made? _____
 Estimated monthly averages of withdrawals by: Cash _____ Checks _____ ACH (Direct Deposit, Social Security, or Pension) _____
 Wire (Foreign, Domestic, or Both) _____ Other _____
 How often are these types of withdrawals made? _____

Joint Owner

First Name (Print) _____ Middle _____ Last _____
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ E-mail _____
 Social Security No. _____ Date of Birth _____ Driver's License or State ID Number _____
 Occupation _____ Employer _____ Supervisor's Name _____

Joint Owner

First Name (Print) _____ Middle _____ Last _____
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ E-mail _____
 Social Security No. _____ Date of Birth _____ Driver's License or State ID Number _____
 Occupation _____ Employer _____ Supervisor's Name _____

BENEFICIARY ASSIGNMENT: *Assign a Person Other than Joint Owner as Beneficiary of Account

By completing this section, you are instructing PEFCU as follows: That upon my death, all funds in any account opened on this application shall be paid to the joint owner of those accounts, if any. In the event that I die at the same time with the joint owner(s) of these accounts, all funds in this account shall be paid to the beneficiary named below. If there is no joint owner on either the Savings or Checking Account upon my death, all funds shall be paid to the beneficiary listed below.

Beneficiary Full Name	Complete Address	Relationship

IMPORTANT INFORMATION—PLEASE READ AND SIGN ACCEPTING THIS DISCLOSURE:

By signing at completion of this Publix Employees Federal Credit Union (PEFCU) Application you are accepting this application, the terms and conditions found in the "Important Account Information" brochure, and future amendments to these items. If this account is being opened by mail an "Important Account Information" brochure will be mailed by the next business day after the application is received. If approved, you agree to subscribe for at least one share (allotted to you at time of initial \$5 deposit). Your signature certifies that you are within the field of membership, that all information provided is true and correct, and that the terms of the application apply to all persons listed jointly on your account. You authorize PEFCU to obtain information as necessary to determine these statements to be true including and not limited to verifying my eligibility for membership and obtaining a credit report.

Joint Account: By listing and signing at completion Primary Members are giving Joint Owners equal rights to make transactions, or pledge all or any part of the shares in this account as collateral to a loan(s). If additions or changes need to be made to the Joint Owner(s) a new application will need to be completed.

Overdraft Protection: is a free service provided by PEFCU in the event your Checking Account is brought negative, funds will be taken from the account you designate at opening, default account is Savings (Share) Account.

Primary Member under 18 Years of Age: A minor account must have a parent/legal guardian listed as Joint Owner on account. Completion of this Signature Box required:

I, _____ [print name] _____, as Parent/Legal Guardian Joint Owner, unconditionally agree to be personally liable for any and all transactions made by the Primary Member _____ [print name] _____. I authorize PEFCU to withdraw and move funds from my Primary Savings (Share) Account to pay any negative balance, including fees and charges imposed by PEFCU, that the minor Primary Member may cause. By signing at completion you agree to above.

TIN/Social Security No. Certification: Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividend, or c) the IRS has notified me that I am no longer subject to backup withholding. (3) I further certify that I am a U.S. Citizen or a U.S. Resident Alien. **The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

Governing Law & Promise to Pay: I agree that this agreement shall be governed by the laws of the State of Florida or, for accounts opened in Georgia (GA), by the laws of the State of GA and applicable Federal Law, and that venue for all legal proceedings shall be in the Credit Union's discretion in Polk County, FL or Gwinnett County, GA, and to pay all collection costs, including attorney fees (attorney fees for GA are 15% of the debt), court costs, interest, future accrued interest as required or permitted by law, and costs of appeal. If collection proceedings are brought against me, I grant you permission to garnish head of household or family earnings.

USA Patriot Act: Our Credit Union complies with Section 326 of the USA Patriot Act. This law mandates that we verify certain personal information about you while processing your account application.

Join the Credit Union

- Membership with PEFCU requires that you open a Prime Share (savings) account and maintain a minimum balance of \$50. You have 6 months from the date the account is opened to bring the balance to \$50.
- After this time a fee of \$2 a month will be assessed to your account if the balance falls below \$50. To open account: There is a \$2 fee to join and \$5 will need to be deposited into your Savings Account. Send a check or money order to your nearest PEFCU location — Attn: Member Services for at least \$7 made payable to PEFCU.
- Checking Account — an initial deposit of \$25 is required to open a Checking Account.

REQUIRED SIGNATURE

By signing this form, I agree to the terms and conditions on this application and the terms found in the "Important Account Information" Brochure.

Signature of Primary Member	Date	Signature of Joint Owner	Date
Signature of Joint Owner	Date	Signature of Joint Owner	Date

CHECKING ACCOUNT APPLICATION

To open a PEFCU Checking Account, agree by signing below to the following:

- Ages 13–17 are eligible for a Checking Account and Visa CheckMate Debit Card with a Parent/Legal Guardian as Joint Owner—no checks will be issued on this account. Please fill out the disclosure box above.
- Ages 18 and above are eligible for a one-owner account and will receive a free box of 50 checks along with a Visa CheckMate Debit Card in approx. 7 days.
- A \$25 initial deposit is required.

By signing below I agree to the terms and conditions found in the "Important Account Information" brochure, on this application, and on the Visa CheckMate Debit Card Agreement, which will be mailed with my card. I/we also acknowledge receipt of the "Important Account Information" brochure. If account is not opened in person an "Important Account Information" brochure will be mailed by the next business day after the application is received. Overdraft Protection will be from my Savings (share) Account unless designated otherwise. A Visa CheckMate Card will be issued to the Primary Member and all Joint Owners that are listed on the Savings and Checking Accounts. Credit Bureau reports are authorized by the applicants.

Do you plan to use the Bill Pay Service offered by PEFCU? Yes No

Signature of Primary Member	Date	Signature of Joint Owner	Date
Signature of Joint Owner	Date	Signature of Joint Owner	Date