

Money Market Account Application

Account Type: Individual Account Joint Account with Beneficiary Joint Account without Beneficiary

Member Information:

Primary Owner

Member Full Name (please print) _____
 PEFCU Account Number _____ Date of Birth _____
 Social Security # _____ Drivers License # _____
 Current Employer _____ Work Phone _____ Home Phone _____

Joint Member Information (if applicable)

Joint Owner Name (please print) _____ Date of Birth _____
 Social Security # _____ Drivers License # _____
 Current Employer _____ Work Phone _____ Home Phone _____

Joint Owner Name (please print) _____ Date of Birth _____
 Social Security # _____ Drivers License # _____
 Current Employer _____ Work Phone _____ Home Phone _____

Beneficiary

In the event that Primary Owner and Joint Owner(s) are deceased all funds will be transferred to Beneficiary.

Name of Beneficiary _____
 Home Address _____
 City, State, ZIP _____

Signatures

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

Primary Owner

Member Signature _____ Date _____

Joint Member

Signature _____ Date _____

Signature _____ Date _____

Investment Request Form

Please send me information for the following savings or investment choices:

Share Certificate (CD)

IRA Accounts

- Rollover IRA Account
 Publix Retiree Yes No
- Roth IRA Account
- Traditional IRA Accounts
- IRA Share Certificate
- Coverdell Educational Savings Account (formerly Educational IRA)
- Estate & Financial Planning: Call Compton, Kane, & Associates at
 1-888-688-2454

Name _____

Are you a member of PEFCU?

Not yet, please send Membership Application.

Yes, account number _____

Street Address _____

City _____

State _____ ZIP _____

Daytime Phone (_____) _____

Evening Phone (_____) _____