Publix Employees Federal Credit Union

Primary Member Information

PEFCU Field of Membership is required to join.

First Name (Print) _____ Middle _____ Last _____

Date of Birth _____ Social Security No. _____

Address (Physical) _____ Apt. No. _____

City _____ State _____ ZIP _____

Address (PO Box) _____

City _____ _____ State _____ ZIP _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Driver's License No. _____ Mother's Maiden Name _____

Employer's Name _____ Job Title _____ Store/Dept. No. _____

Hire Date _____ If Unemployed/Retired, please list previous Employer's Name _____

I Qualify for Membership Through: ❑ My Employer (above) ❑ Family Member of Employer _____ ❑ PEFCU Member

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

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

If you are hearing impaired, will you be using a Relay Calling Service? ❑ Yes ❑ No

Will you be using the Bill Pay Service provided by PEFCU? ❑ Yes ❑ No

Account Purpose: ❑ Household/Living Expenses ❑ Checking – Describe purpose of Checking _____

❑ Household/Business Combined ❑ Savings ❑ Other _____

Primary Source of Funds: ❑ Social Security ❑ Checks ❑ Cash ❑ ACH (Direct Deposit, Payroll, etc.) ❑ Pension ❑ Retirement ❑ Wires ❑ Other _____

Do you anticipate sending/receiving any wire transfers? ❑ Yes ❑ No If Yes: Foreign, Domestic, or Both? _____

Do you anticipate depositing/withdrawing cash? ❑ Yes ❑ No If Yes: Deposit, Withdrawal, or Both? _____

Will you send/receive any Automated Clearing House (ACH) Items? ❑ Yes ❑ No If Yes: Deposit, Withdrawal, or Both? _____

Joint Owner

First Name (Print) _____ Middle _____ Last _____

Date of Birth _____ Social Security No. _____ Driver's License No. _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name _____ Job Title _____ Store/Dept. No. _____

Hire Date _____ If Unemployed/Retired, please list previous Employer's Name _____

Joint Owner

First Name (Print) _____ Middle _____ Last _____

Date of Birth _____ Social Security No. _____ Driver's License No. _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name _____ Job Title _____ Store/Dept. No. _____

Hire Date _____ If Unemployed/Retired, please list previous Employer's Name _____

Joint Owner

First Name (Print) _____ Middle _____ Last _____

Date of Birth _____ Social Security No. _____ Driver's License No. _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name _____ Job Title _____ Store/Dept. No. _____

Hire Date _____ If Unemployed/Retired, please list previous Employer's Name _____

COURTESY PAY INFORMATION

Courtesy Pay is a service that allows us to pay an item presented against your Checking Account even if it causes the account to become overdrawn. Certain Account holders in "good standing" will be able to overdraw their Checking Account up to $500. Some of the qualifications are:

- Account is open and in "good standing" at least 180 days.
- Courtesy Pay fee per item is $25.00.
- You are not charged for Courtesy Pay unless you have an overdraft and you can Opt-out of Courtesy Pay at anytime.
- Primary Accountholder minimum age for Courtesy Pay is 18 years old.
- Account minimum balance of $5 in Savings.
- Account needs to have a current/correct address on file.

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 parent/guardian name] _____ ,as Parent/Legal Guardian Joint Owner, unconditionally agree to be personally liable for any and all transactions made by the Primary Member _____ [print youth 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. However, if you, the Parent/Legal Guardian, remain joint owner on the account(s) after the Primary Member is 18 years of age, you will be equally responsible for any and all transactions made to this account. For additional information, see the Liability section of the Important Account Information brochure.

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

1. 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.
2. 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.

BENEFICIARY ASSIGNMENT: Beneficiaries listed below will apply to all accounts on this application.
Assign a person other than the 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(ies) 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(ies) listed below. I understand that the below named beneficiary(ies) will remain on the account until I specifically instruct PEFCU to change or remove them.

Beneficiary Full Name	Complete Address	Social Security No.	Relationship

REQUIRED SIGNATURE FOR SAVINGS ACCOUNT

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 or PEFCU ATM card agreement which will be mailed with my card.

Savings Only

❑ Check here if you would like our PEFCU ATM card issued ONLY to the Primary member.
❑ Check here if you would like our PEFCU ATM card issued to all owners on the account ages 13 and above.
If nothing is selected, no card(s) will be issued.

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 or PEFCU ATM Card with a Parent/Legal Guardian as Joint Owner—no checks will be issued on this account. Please fill out the disclosure box on front of application.
- Ages 18 and above are eligible for a one-owner account.

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 or PEFCU ATM 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 processed. Overdraft Protection will be from my Savings (share) Account unless designated otherwise. Credit Bureau reports are authorized by the applicants.

Select one type of card (Debit or ATM) to be issued on this account — all owners must have the same type of card. If nothing is selected below, no card(s) will be issued.

❑ Visa CheckMate Debit Card ❑ Primary ❑ Joint Owner*
❑ PEFCU ATM Card ❑ Primary ❑ Joint Owner*

❑ Please send me first 50 free custom checks.

*Joint Owner must also be on the Savings Account to receive a card.

Signature of Primary Member _____ Date _____

Signature of Joint Owner _____ Date _____

Signature of Joint Owner _____ Date _____

Signature of Joint Owner _____ Date _____

For Credit Union Use

Account No:_____ Member Group No.:_____ Opened By: _____ Process Date:_____