

Open Estate Account

1. To establish an Estate account with PEFCU you must 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 your savings account has been opened for 6 months, a monthly fee of \$2 will be assessed if the account falls below \$50.
3. Required to open an account: \$2 membership fee, \$5.00 minimum deposit to the account and valid photo identification (Social Security card recommended).
4. Present certified copies of the court's Letters of Administration appointing the Personal Representative(s) and a copy of the letter from the Internal Revenue Service issuing the Estate's tax identification number.

I Qualify for Membership Through:

My Employer
 Retired
 Existing PEFCU Member-Acct No. _____
 Relative
 Relative First and Last Name (Print) _____ Relationship _____ Phone _____

Account Type (Check All That Apply)

Prime Share/Savings (Required if this is a new account)
 Secondary Savings/Club
 Holiday Club
 Share Certificate/CD
 Share Draft/Checking
 Money Market (\$1,000.00 minimum to open)

Estate Information

Estate Name (Print)	EIN/TIN
Physical Address (Street, City, State, Zip)	Phone No.
Mailing Address (Street, City, State, Zip)(if different from address above)	E-mail

Personal Representative Information

Name (Legal Name) First Middle Last			Birth Date	SSN/TIN
Home Phone No. *	Cell Phone No. *	Preferred Contact Time: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Preferred Contact Method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email	
Physical Address (Street, City, State, Zip)				At Address Since (Date)
Mailing Address (Street, City, State, Zip) (if different from the address above)				Mother's Maiden Name
Employer (if retired, from where did you retire?)	Occupation	Hire Date	Work Phone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> School ID <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Issue Date	Expiration Date	E-mail

Personal/Co-Representative Information (if applicable)

Name (Legal Name) First Middle Last			Birth Date	SSN/TIN
Home Phone No. *	Cell Phone No. *	Preferred Contact Time: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Preferred Contact Method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email	
Physical Address (Street, City, State, Zip)				At Address Since (Date)
Mailing Address (Street, City, State, Zip) (if different from the address above)				Mother's Maiden Name
Employer (if retired, from where did you retire?)	Occupation	Hire Date	Work Phone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> School ID <input type="checkbox"/> Other _____				
Identification Number	Country/State of Issue	Issue Date	Expiration Date	E-mail

Required Information

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

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

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

Do you plan to use our FREE Bill Pay service?
 Yes
 No

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

Do you anticipate depositing/withdrawing cash?
 Yes
 No

Will you send/receive any ACH (Direct Deposit, Payroll, etc.) items?
 Yes
 No

Important IRS Information - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding and (3) that unless designated below, I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am exempt

***Consent to Contact**

By providing the Credit Union with a wireless phone number (cell phone), you agree we and/or our third-party debt collectors may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by any reasonable means. If you have provided a wireless telephone number(s) on or in connection with this Application you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) for which you are providing your consent to be contacted. In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

IMPORTANT INFORMATION: PLEASE READ AND SIGN, BELOW, ACCEPTING THIS DISCLOSURE:

As Personal Representative of the Estate named in this application and in that sole capacity, I hereby make this application for membership of the Estate at Publix Employees Federal Credit Union ("PEFCU"). I agree that the Estate will conform to the by-laws and any amendments thereto of PEFCU and that the Estate shall subscribe to at least one (1) share therein. I further certify that either I am in the field of membership of PEFCU or the Decedent, of whose Estate I am the Personal Representative, was, at the time of Decedent's death, within said field of membership, and that the information on application is true and correct. By my signing this form, the Estate named in this application agrees to the terms and conditions on this application as well as those listed in the "Important Account Information" brochure.

Governing Law, Venue, Attorney's Fees: As Personal Representative of the Estate named in this application and in that sole capacity, I agree that: (a) this agreement shall be governed by applicable federal laws and (i) by Georgia law if this application is executed in the State of Georgia or the account is located in the State of Georgia or (ii) governed by Florida law if this application is executed in the State of Florida or the account is located in the State of Florida; (b) exclusive venue of any legal proceedings arising out of this application and/or the account established hereby shall be in the state courts of competent jurisdiction either in Gwinnett County, Georgia, if this application has been executed in Georgia or in Polk County, Florida, if this application has been executed in Florida; (c) that, in any suit arising out of this application or the account established hereby, if PEFCU prevails in such suit, the Estate shall be liable for all costs of collection, including reasonable attorney's fees (In Georgia not to exceed 15% of the indebtedness), together with court costs and any pre-judgment and/or post-judgment interest as required by or permitted by law, and all attorney's fees and court costs on appeal and in any post-judgment proceedings.

USA Patriot Act: PEFCU complies with Section 326 of the USA Patriot Act. This law mandates that we verify certain personal information about you and the Estate listed in this application while processing this account application.

PEFCU is hereby authorized to recognize any of the signatures listed in the payment of funds or the transaction of any business for this account. If future additions or changes need to be made to this account as to the person or persons duly appointed to act as Personal Representative(s) of the Estate listed in this application, a new application will need to be completed along with certified court documents reflecting such addition or change. PEFCU is also hereby authorized to obtain credit reports and any other information as may be required for PEFCU to verify any of the statements or information made in this application.

I hereby certify that the information provided is true and accurate and authorize the Credit Union to verify any information by contacting or requesting confirmation from any source and by obtaining credit reports.

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

Savings only will receive a PEFCU ATM card. If you apply and qualify for a checking account, a VISA Debit Card will be issued for all owners that check the box below.

Required Signature		
Personal Representative Signature X	Date	<input type="checkbox"/> Issue Card
Personal Co-Representative Signature (if applicable) X	Date	<input type="checkbox"/> Issue Card

Credit Union Use Only	Account Number:
Date of Membership _____ Opened By: _____	Approved By: _____
Comments:	

