## MEMBERSHIP APPLICATION



Work Phone No.

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Publix Employees Federal Credit Union (PEFCU). The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a  $\square$  are applicable only if the is marked, e.g., i. "n/a" means not applicable. Join the Credit Union 1. PEFCU Field of Membership is required to join.
2. To open account: There is a \$2 fee to join and \$5 will need to be deposited into your Savings Account.
3. To open account by mail: Send a check or money order to your nearest PEFCU location – Attn.: Member Services for at least \$7 made payable to PEFCU.
4. 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 your savings account has been opened for 6 months, a monthly fee of \$2.00 will be assessed if the account falls below \$50.00. 6. Minor accounts must have a parent/legal guardian listed as joint owner on the account. ☐ Existing PEFCU Member-Acct No. ☐ Family Member Relative First and Last Name (Print) Relationship Phone Account Type (Check All That Apply) **Account Number:** ☐ Prime Share/Savings (Required if this is a new account) ☐ Secondary Savings/Club ☐ Holiday Club ☐ Share Certificate/CD ☐ Share Draft/Checking ☐ Money Market ☐ DBA Checking **Account Services** ☐ PEFCU ATM Card (\$2 initial PEFCU ATM card fee applies) ☐ Visa Debit Card (For ATM/Debit cards indicate the card design for each owner in designated area below. Default card design will be issued when no selection is indicated. View card designs at http://www.pefcu.com/Default.aspx?PID=23&AID=1) ☐ Checks (must be 18 years or older) Ownership Individual Account Joint Account with Survivorship Upon the death of an owner on the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. Primary Member (Applicant) If Primary member is under the age of 18 a joint owner must be listed on the account. Name Card Design No. Birth Date SSN/TIN Home Phone Number Cell Phone Number Physical Address (Street, City, State, Zip) Mailing Address (if different than Physical Address) Identification Type: [ Driver's License Military ID State Issued ID Card School ID Email Address: Country/State of Issue Identification Number **Expiration Date** Employer (if unemployed/Retired, please list previous employer) Job Title/Occupation Hire Date Store/Dept. No. Work Phone No. Mother's Maiden Name Joint Owner Card Design No Name Birth Date SSN/TIN Home Phone Number Cell Phone Number Physical Address (City, Street, State, Zip) Mailing Address (if different than Physical Address) Identification Type: 

Driver's License 
Military ID 
State Issued ID Card 
School ID Email Address: Country/State of Issue Identification Number **Expiration Date** Employer (if unemployed/Retired, please list previous employer) Job Title/Occupation Hire Date Store/Dept. No. Work Phone No. Mother's Maiden Name Joint Owner Card Design No Name Birth Date SSN/TIN Home Phone Number Cell Phone Number Physical Address (City, Street, State, Zip) Mailing Address (if different than Physical Address) State Issued ID Card School ID Identification Type: Driver's License Military ID Email Address: Identification Number Country/State of Issue **Expiration Date** Employer (if unemployed/Retired, please list previous employer) Job Title/Occupation Hire Date Store/Dept. No.

Mother's Maiden Name

Joint Owner								
Name				Card Design No				
Birth Date	SSN/TIN		Home P	hone Number		Cell Phone Number		
Physical Address (City, Street, State, Zip)  Mailing Address (if different than Physical Address)								
Identification Type: Driver's License	Military ID   State Iss	sued ID Card  Scho	ol ID	Email Address:				
Identification Number Country/State of Issue				Expiration			)	
Employer (if unemployed/Retired, please list programme place)	mployer (if unemployed/Retired, please list previous employer)  Job Title/Occupation			Hire Date	Store/Dept. No.			
Work Phone No.		Mother's Maiden Name						
Joint Owner								
Name						Card Design N	0	
Birth Date	SSN/TIN		Home P	hone Number		Cell Phone Number		
Physical Address (City, Street, State, Zip)				Mailing Address (if different that	Address (if different than Physical Address)			
Identification Type: Driver's License	Military ID  State Iss	sued ID Card Scho	ol ID	Email Address:				
Identification Number		Country/State of Issue	)			Expiration Date	)	
Employer (if unemployed/Retired, please list p	revious employer)	Job Title/Occupation		Hire Date		Store/Dept. No		
Work Phone No.				Mother's Maiden Name				
1								
Beneficiary Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed								
below. The beneficiaries listed below are beneficia	aries to all the accounts lis	ted under this base accou	int numbe	er.				
Beneficiary #1 - Name and Address				Date of Birth	Kela	tionship	Social Security No.	
Beneficiary #2 - Name and Address				Date of Birth	Rela	Relationship Social Security No.		
Beneficiary #3 - Name and Address				Date of Birth	Relationship Social Security		Social Security No.	
Required Information								
	LL INFORMATION IN T	HIS SECTION IS REQU	JIRED FO	OR THE ACCOUNT TO BE PRO	CESSED.			
If you are hearing impaired, will you be using a	Relay Calling Service?	☐ Yes ☐ No						
Account Purpose: Household/Living Expenses Checking – Describe purpose of Checking								
Savings Other								
Do you anticipate sending/receiving any wire transfers? Yes No								
Do you anticipate depositing/withdrawing cash?								
Will you send/receive any Automated Clearing House (ACH) items? Yes No If Yes: Deposit, Withdrawal, or both?								
UTMA Custodial Designation and Information (Minor does not have withdrawing privileges until Age of Majority – Custodian must be 21 years of age or older.)								
Custodian 1								
Name:				Data of Dieth.		CONI/TINI.		
Address:  Custodian Signature				Date of Birth:		SSN/TIN:	Date	
X							Date	
As custodian for		(name of mine	or), age _	, SSN	und	der the Uniform	Transfers to Minors Act.	
UTMA Designation of Successor Control Pursuant to the Uniform Transfers to Minors A								
successor custodian(s) for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.								
successor custodiants) for all accounts listed li	ıı una secuon. Tris desig	manon shan take effect	only upor	r my ucam, resignation, incapaci	ty or remova	ai.		

You hereby apply for membership with PEFCU. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Important Account Information brochure including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. If an owner on the account is under 18 years of age (minor), the remaining owner(s) take full responsibility of the account. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular Prime Share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). You signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s).

Governing Law & Promise to Pay: I agr

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 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 and other identifying information. The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Important IRS Information - TIN Co	ertification (Must Check One)		
		herein is my correct taxpayer identification number. Unless d a result of a failure to report all interest or dividends, or the IRS	
	☐ I am NOT subject to backup withholding	I am subject to backup withholding	
Primary Owner Signature			Date
X			
Joint Owner Signature			Date
X			
Joint Owner Signature			Date
X			
Joint Owner Signature			Date
X			
Joint Owner Signature			Date
X			
Credit Union Use Only			
Account #:	Process Date:	Card Type:	
Last 4 digits of card number:	Opened / Approved By:	Member Group No.:	