

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 are applicable only if the is marked, e.g., "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 a \$5 minimum deposit to your account. Valid photo ID required and Social Security card recommended.
 3. To open account by mail: Send a check or money order for at least \$7.00, made payable to PEFCU along with a copy of your valid Photo ID.
 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.
 5. 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.

I Qualify for Membership Through: My Employer Family Member Retired Existing PEFCU Member-Acct No. _____
 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 (\$1,000.00 minimum to open) DBA Checking

Account Services

PEFCU ATM Card 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 www.pefcu.com) 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: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID			
Identification Number		Country/State of Issue	Issue Date
Employer (if unemployed/Retired, please list previous employer)		Job Title/Occupation	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner

Name			Card Design No
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: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID			
Identification Number		Country/State of Issue	Issue Date
Employer (if unemployed/Retired, please list previous employer)		Job Title/Occupation	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner

Name			Card Design No
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: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID			
Identification Number		Country/State of Issue	Issue Date
Employer (if unemployed/Retired, please list previous employer)		Job Title/Occupation	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner			
Name			Card Design No
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: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID			
Identification Number		Country/State of Issue	Issue Date
Employer (if unemployed/Retired, please list previous employer)		Job Title/Occupation	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address	

Joint Owner			
Name			Card Design No
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: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> School ID			
Identification Number		Country/State of Issue	Issue Date
Employer (if unemployed/Retired, please list previous employer)		Job Title/Occupation	Store/Dept. No.
Work Phone No.	Mother's Maiden Name	Email Address:	

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 beneficiaries to all the accounts listed under this base account number.			
Beneficiary #1 - Name and Address	Date of Birth	Relationship	Social Security No.
Beneficiary #2 - Name and Address	Date of Birth	Relationship	Social Security No.
Beneficiary #3 - Name and Address	Date of Birth	Relationship	Social Security No.

Required Information	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Purpose: <input type="checkbox"/> Household/Living Expenses <input type="checkbox"/> Checking – Describe purpose of Checking _____ <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	
Primary Source of Funds: <input type="checkbox"/> Social Security <input type="checkbox"/> Checks <input type="checkbox"/> Cash <input type="checkbox"/> ACH (Direct Deposit, Payroll, etc.) <input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Wires <input type="checkbox"/> Other _____	
Do you plan to use our FREE Bill Pay service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you anticipate sending/receiving any wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you anticipate depositing/withdrawing cash? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Deposit, Withdrawal, or both? _____	
Will you send/receive any Automated Clearing House (ACH) items? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Deposit, Withdrawal, or both? _____	

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). Your 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 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.

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.*

PERMISSION TO CONTACT: By providing the Credit Union with a wireless phone number (cell phone), you consent to receiving calls, including autodialed and prerecorded messages from the Credit Union or its third party debt collector at that number.

Important IRS Information - TIN Certification (Must Check One)

I certify in accordance with IRS W-9 instructions and under penalty of perjury, that the number shown herein is my correct taxpayer identification number. 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.

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: _____
Opened / Approved By: _____ Member Group No.: _____