

IMPORTANT INFORMATION

By signing at completion of this Publix Employees Federal Credit Union (PEFCU) UTMA (Uniform Transfers to Minors) Account 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 processed. If approved you agree to subscribe to at least one share (allotted to you at time of initial \$5.00 deposit). Your signature certifies that you are within the field of membership, that all of the information you have provided is true and correct, and that the terms of this application apply to you and to any Successor Custodian(s) on this Account. You authorize PEFCU to obtain information as PEFCU may deem necessary to determine these statements to be true, including, but not limited to, verifying my eligibility for membership and obtaining a credit report.

Overdraft Protection: 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.

TIN/Social Security Number Certification: Under penalties of perjury, I certify (1) that the number shown on this form is the correct taxpayer identification number of the minor for whom the account is being opened, and (2) the minor is not subject to backup withholding because: a) the minor is exempt from backup withholding, or b) the minor has not been notified by the Internal Revenue Service ("IRS") that he or she is subject to backup withholding as a result of a failure to report all interest or dividend, or c) the IRS has notified the minor that he or she is no longer subject to backup withholding. As used in this paragraph in connection with IRS notification, "minor" includes the minor, custodial parent(s), and/or the minor's or appointed guardian(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's fees (attorney's 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.

(Complete the Application on the Following Pages)

UTMA CUSTODIAL ACCOUNT INFORMATION AND AGREEMENT

PEFCU Field of Membership is required to join the Credit Union

(Print all Information except signature)

MINOR INFORMATION *(Minor Does Not Have Withdrawing Privileges Until Age of Majority)*

First Name _____ Middle _____ Last _____

Street Address (P.O. Box is not accepted) _____ Apt./Unit # _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Social Security #/ITIN _____ Date of Birth _____ Home Phone _____

CUSTODIAN INFORMATION *(must be 21 years of age or older)*

First Name _____ Middle Initial _____ Last _____

Street Address (P.O. Box is not accepted) _____ Apt./Unit # _____

City _____ State _____ ZIP _____

Social Security # _____ Date of Birth _____

Alternate Address: Address (include Apts./Unit #) _____

City _____ State _____ ZIP _____

(If alternate address is selected, all account correspondence will be mailed to this address; post office box is acceptable.)

U.S. Citizen or U.S. Person (including a U.S. Resident Alien) Yes No

Home Phone _____ Work Phone _____ Cell _____

E-mail (required for eStatements) _____

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

Employer _____ Job Title _____ Store No./Dept. _____

Hire Date _____ If unemployed, list previous employer _____

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

Relative First and Last Name _____ Relationship _____ Phone _____

(If Membership eligibility based on Family Member of Employee)

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

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

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

Primary Source of Funds: Checks Cash ACH (Direct Deposit, Payroll etc) Wires Other _____

Do you anticipate sending/receiving wire transfers? Yes No

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: Withdrawal, Deposit or Both? _____

CHECKING ACCOUNT APPLICATION

To open a PEFCU UTMA Checking Account, by signing below you agree to the following:

- In approximately seven (7) days upon opening the account, the Custodian (must be 21 years of age or older) will receive a free box of 50 checks along with a Visa CheckMate Debit or PEFCU ATM Card.
- The name on the checks will be issued only as "[Name of Custodian] as Custodian for [name of Minor], a Minor."

By signing below, I agree to the terms and conditions found in the "Important Account Information" brochure in this application, and on the Visa CheckMate Debit or PEFCU ATM Card Agreement which will be mailed to me with my card. I also acknowledge receipt of the "Important Account Information" brochure. If the account is not opened in person, an "Important Account Information" brochure will be mailed by the next business day after this Application is processed. Overdraft Protection will be from my PEFCU Savings (share) Account unless designated otherwise. I authorize PEFCU to obtain a Credit Bureau report in connection with processing this application.

Select one type of Card (Debit or ATM) to be issued on this account. If nothing is selected no card will be issued.

- Visa CheckMate Card
 PEFCU ATM Card (\$2.00 fee)

Signature of Custodian

Date

SUCCESSOR CUSTODIAN INFORMATION *(must be 21 years of age or older)* (OPTIONAL)

First Name _____ Middle Initial _____ Last _____

Street Address (P.O. Box is not accepted) _____ Apt./Unit # _____

City _____ State _____ ZIP _____

Social Security # _____ Date of Birth _____

Alternate Address: Address (include Apts./Unit #) _____

City _____ State _____ ZIP _____

U.S. Citizen or U.S. Person (including a U.S. Resident Alien) Yes No

Home Phone _____ Work Phone _____ Cell _____

E-mail (required for eStatements) _____

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

Employer _____ Job Title _____ Store No./Dept. _____

Hire Date _____ If unemployed, list previous employer _____

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

Relative First and Last Name _____ Relationship _____ Phone _____

REQUIRED SIGNATURE

By signing below, I agree to the terms and conditions found in the "Important Account Information" brochure in this application, and on the Visa CheckMate Debit or PEFCU ATM Card Agreement which will be mailed to me with my card. I also acknowledge receipt of the "Important Account Information" brochure.

Savings (Share Account) Only

Select one type of Card (Debit or ATM) to be issued on this account. If nothing is selected no card will be issued.

- Visa CheckMate Card
 PEFCU ATM Card (\$2.00 fee)

Signature of Custodian

Date