

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" means 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. You must be in PEFCU's field of membership to join
2. Required to open an account: \$2.00 membership fee, \$5.00 minimum deposit to the account, and valid photo identification (Social Security card recommended)
3. 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
4. After your savings account has been opened for 6 months, a monthly fee of \$2.00 will be assessed if the savings balance falls below \$50.00
5. Minor accounts must have a responsible individual that is at least 18 years of age listed as joint owner on the account

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) Doing Business As (DBA) Checking

Ownership *A representative payee is an individual who acts as receiver of funds for someone not capable of managing their own funds.

Individual Account Representative Payee Name: _____ *
 Joint Account with right of Survivorship. (Upon the death of an owner, the deceased owner's interest in the account passes to the surviving owner(s) of the account.)

Primary Owner Information (Applicant)

You would like to: Establish Membership OR Establish Membership and apply for a loan
 In order to be a member of this Credit Union you must be qualified for membership. To obtain a loan, you must be a member of the Credit Union.

Name (Legal Name) First	Middle	Last	Birth Date	SSN/TIN
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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
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Physical Address (Street, City, State, Zip) Own Rent \$ _____ Lives with Others _____ At Address Since (Date) _____

Mailing Address (Street, City, State, Zip) (if different from the address above) _____ Mother's Maiden Name _____

Previous Address (Required if resided at current physical address for less than two years) _____ Email Address _____

Employer (If retired, from where did you retire?)	List previous employer if less than 3 months	Hire Date
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Employer Address	Occupation or Type of Business if Self-employed	Work Telephone No.*
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Identification Type: Driver's License Military ID State Issued ID Card US Passport School ID Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date	Gross Monthly Income \$
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Personal Reference 1 (Name and Address)	Relationship	Personal Reference 2 (Name and Address)	Relationship
	Phone No.		Phone No.

Other Income You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

Source Of Other Income	Frequency	Monthly Income \$	Source Of Other Income	Frequency	Monthly Income \$
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Joint Owner Information

You would like to: Be joint on Member Account Be joint on Member Account and apply for a loan Apply for a loan

Name (Legal Name) First	Middle	Last	Birth Date	SSN/TIN
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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
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Physical Address (Street, City, State, Zip) Own Rent \$ _____ Lives with Others _____ At Address Since (Date) _____

Mailing Address (Street, City, State, Zip) (if different from the address above) _____ Mother's Maiden Name _____

Previous Address (Required if resided at current physical address for less than two years) _____ Email Address _____

Employer (If retired, from where did you retire?)	List previous employer if less than 3 months	Hire Date
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Employer Address	Occupation or Type of Business if Self-employed	Work Telephone No.*
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Identification Type: Driver's License Military ID State Issued ID Card US Passport School ID Other _____

Identification Number	Country/State of Issue	Issue Date	Expiration Date	Gross Monthly Income \$
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Personal Reference 1 (Name and Address)	Relationship	Personal Reference 2 (Name and Address)	Relationship
	Phone No.		Phone No.

Other Income You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

Source Of Other Income	Frequency	Monthly Income \$	Source Of Other Income	Frequency	Monthly Income \$
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Joint Owner Information					
<input type="checkbox"/> Joint on Member Account					
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) <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____ <input type="checkbox"/> Lives with Others					At Address Since (Date)
Mailing Address (Street, City, State, Zip) (if different from the address above)					Mother's Maiden Name
Previous Address (Required if resided at current physical address for less than two years)			Email Address		
Employer (If retired, from where did you retire?)		List previous employer if less than 3 months		Hire Date	
Employer Address			Occupation or Type of Business if Self-employed		Work Telephone 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
Gross Monthly Income \$ _____					
Personal Reference 1 (Name and Address)		Relationship		Personal Reference 2 (Name and Address)	
		Phone No.			
				Relationship	
				Phone No.	
Other Income You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.					
Source Of Other Income		Frequency	Monthly Income \$	Source Of Other Income	
				Frequency	
				Monthly Income \$	

Required Information					
ALL INFORMATION IN THIS SECTION IS REQUIRED FOR THE ACCOUNT TO BE PROCESSED.					
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 If Yes: Domestic, Foreign, or both? _____					
Do you anticipate depositing/withdrawing cash? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you send/receive any ACH (Direct Deposit, Payroll, etc.) items? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Beneficiary (Payable on Death)			
Provide the following information to designate a POD 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 selected shares listed on this application.			
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.

***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) and have the authority to give the 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 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).	
<input type="checkbox"/> I am subject to backup withholding	<input type="checkbox"/> I am exempt

Signatures

You hereby apply for membership with the Credit Union. 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 Membership Account Agreements 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. 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 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). 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.**

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.

Membership and Deposit Accounts		
Primary Owner Signature X	Date	<input type="checkbox"/> Issue Card
Joint Owner Signature X	Date	<input type="checkbox"/> Issue Card
Joint Owner Signature X	Date	<input type="checkbox"/> Issue Card

Credit (Loan) Application

If you want to apply for a loan as part of opening your member account, provide the following information. A separate credit application will be required if applying for a credit card.

Loan Type: Personal Line Of Credit (PLOC) PLOC with Overdraft Protection Vehicle Stock Visa Credit Card
 Other _____
 Payment Method: Cash Distribution from Direct Deposit Automatic Payment from checking
 Loan Amount Requested: _____ Term (months): _____
 Purpose: _____
 Collateral Offered: (if applicable) _____

APPLICANT INFORMATION: Married Applicants may apply for an individual loan
 Individual credit -- If you are applying for individual credit, complete the Applicant section.
 Joint credit -- If you are applying for joint credit with your spouse or another person, complete the Applicant section and the Spouse/Co-Applicant section.
 You must sign here if you intend to apply for Joint Credit: X _____ X _____
Applicant Co-Applicant
Spouse Information. You must also complete the Spouse section if any of the following apply: (1) your spouse will use your account; (2) you are relying on your spouse's income as a source of repayment; (3) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI or Puerto Rico); or (4) you are an Alaska resident and are currently subject to a community property agreement or community property trust.

APPLICANT
 Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

SPOUSE **CO-APPLICANT** **CO-SIGNER**
 Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

Are you currently on active military duty Yes No

Credit (Loan) Accounts			
Applicant Signature X	Date	Co-Applicant Signature X	Date

Credit Union Use Only Account Number: _____

Date of Membership _____ Opened By: _____ Approved By: _____

Comments: _____