

Initial Change Date _____

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 help us to identify you. We may also ask to see your driver's license and other identifying information.

PIEDMONT HOSPITAL FEDERAL CREDIT UNION

Main Office
1968 Peachtree Rd. NW, Atlanta, GA 30309
P: (404) 605-3286 F: (404) 609-6776

Branch Office
1265 Highway 54 West, Fayetteville, GA 30214
P: (770) 719-7040 F: (678) 817-4345

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Name _____ **Member No.** _____
Street _____ SSN/TIN _____
City/State/Zip _____ Driver's Lic. No. _____
Home Phone _____ Date of Birth _____
Work Phone _____ Mother's Maiden Name _____
Email _____ Employer _____
Membership Eligibility _____

MULTIPLE PARTY INFORMATION

Joint Owner _____
Street _____ SSN/TIN _____
City/State/Zip _____ Driver's Lic. No. _____
Home Phone _____ Date of Birth _____
Work Phone _____ Mother's Maiden Name _____
Email _____ Employer _____

Joint Owner _____
Street _____ SSN/TIN _____
City/State/Zip _____ Driver's Lic. No. _____
Home Phone _____ Date of Birth _____
Work Phone _____ Mother's Maiden Name _____
Email _____ Employer _____

ACCOUNT TYPE

- Share Savings/Regular Share Draft/Free Checking* 6 Month Term Certificate
 Share Savings/College Share Draft/Regular Checking* 12 Month Term Certificate
 Christmas Club Direct Deposit Account*

*Eligibility will be determined by Credit Bureau Report. Beacon Score _____.

ACCOUNT SERVICES

- Overdraft Protection (indicate transfer priority below) Visa Check Card

 Payroll Deduction/Direct Deposit
 Other _____

ACCOUNT OWNERSHIP SELECTION

NOTICE: The type of account you select may determine how ownership of your property passes on your death. Your Will may not control the disposition of funds held in some of the following accounts. The selection you make below will apply to all the accounts listed above.

- ___ Single-Party account without "P.O.D." (Payable on Death) designation
___ Single-Party account with "P.O.D." (Payable on Death) designation
___ Multiple-Party account with Right of Survivorship.
___ Multiple-Party account without Right of Survivorship.
___ Multiple-Party account with Right of Survivorship and "P.O.D." (Payable on Death) designation.
___ Member as custodian for minor under the Georgia Uniform Transfers to Minors Act.

I designate _____ as the beneficiary of any life insurance carried on my life by Piedmont Hospital Federal Credit Union. I reserve the right to change the beneficiary or assign the same with the consent of the issuing company.

P.O.D. BENEFICIARIES

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 above.

Beneficiary _____ Beneficiary _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including U.S. resident alien).

- I am subject to backup withholding
- I am exempt
- I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

CREDIT UNION LIEN AND SECURITY INTEREST

Your credit union has a right granted by the Federal Credit Union Act, "to establish a right in or claim to a member's shares and dividends equal to the amount of that member's outstanding financial obligation to the credit union as it exists as that amount varies from time to time." The lien is not a set amount, but it floats with the amount of your indebtedness. This is the Credit Union's notice to you of our Statutory Lien under the Federal Credit Union Act. "If you are in default, the shares and dividends in your Accounts, at the time of default may be used to satisfy that obligation. Once you are in default, we may exercise our right without further notice to you."

JOINT TENANCY SHARE ACCOUNT AGREEMENT WITH THE RIGHT OF SURVIVORSHIP

Piedmont Hospital Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares or heretofore paid in on shares by any or all of said joint owners to their Credit Union as such joint owners with all accumulations thereon are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Said joint owners do further agree that any amounts added to this account by reason of any life insurance shall be paid to the surviving joint tenant or joint tenants who are hereby designated as the beneficiary or beneficiaries of such insurance.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right of authority of the Credit Union under this agreement shall not be changed or terminated by said owners or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made. Shares are not transferable except on the books of the Credit Union.

SHARE DRAFT AGREEMENT WITH OVERDRAFT TRANSFER CLAUSE

I/We hereby authorize Piedmont Hospital Federal Credit Union to establish this Share Draft Account for me/us. The Credit Union is authorized to pay share drafts signed by me (or by any of us) and to charge all such payments against the shares in this account. It is further agreed that:

- (a) Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this Account.
- (b) The Credit Union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this Account; the Credit Union may, however, pay such share draft and transfer shares to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.
- (c) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or limitation on the time of payment) appearing on the share draft.
- (d) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (g) This account is subject to the Credit Union's right to require advance notice of withdrawal, as provided by its laws.
- (h) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (i) If this Agreement is signed by more than one person, the persons signing below shall be joint owner of this Account which, in that event, any and all joint owners shall be bound by the rules and regulations of this Account.

I/We hereby acknowledge that the Credit Union has informed me/us of the following:

- ___ The Credit Union's policy concerning the hold period placed on funds deposited.
- ___ The Credit Union's stop-payment policies.
- ___ The Credit Union's policies concerning its liens on shares.

SIGNATURES

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I hereby certify that the foregoing information is a true and correct statement to the best of my knowledge and ability and made for the purpose of obtaining credit or account service(s). The undersigned authorizes the above named Credit Union, in its discretion, to verify my credit and employment history, and information, if any, obtained from a credit reporting agency, and to answer any question about your credit experience with me. The undersigned also understands that this account shall be reported for credit purposes in the names of those signed below.

THIS ACCOUNT FORM SUPERCEDES ANY PREVIOUS INSTRUCTIONS.

X _____ **X** _____
Signature (Member) Date Signature (Joint Owner) Date

X _____ **X** _____
Signature (Joint Owner) Date Signature (Joint Owner) Date

For Credit Union Use Only

Date of Membership/Update: _____ Opened/Approved by: _____

Chex Systems Approval: _____

Disapproval: _____

SSN State Issued: _____ Membership Officer: _____

SSN Year Issued: _____