

APPLICATION INSTRUCTIONS

Fill out this New Account Application form in full and mail it or bring it to the nearest branch (addresses below).

- NEW ACCOUNT
- EXISTING ACCOUNT REQUEST FOR ADDITIONAL SERVICES
- ADD / REMOVE JOINT OWNER
- NAME CHANGE OR BENEFICIARY CHANGE

NOTICE

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 that means for you: When you open an account, we will ask for 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 or other identifying documents. Opening your account by mail for fax? To help us comply with Federal law, include a copy of your driver's license with your New Account Application.



Mandarin Branch
4675 Sunbeam Road, Jacksonville, FL 32257

Downtown Branch (Police Memorial Building)
501 E. Bay Street, Jacksonville, FL 32202

Southside Branch (Fraternal Order of Police Building)
5546 Beach Boulevard, Jacksonville, FL 32207

Westside Branch
4830 Waller Street, Jacksonville, FL 32254

Northside Branch
2409 Dunn Avenue, Jacksonville, FL 32218

www.cityfcu.com
(904) 353-2240
FAX (904) 854-9776

NEW ACCOUNT APPLICATION

City & Police Federal Credit Union

| | | | |
|--|--------------------|----------------------------|----------------------------|
| LAST NAME, FIRST MI | | | ACCOUNT # |
| STREET ADDRESS, CITY, STATE ZIP | | | EMAIL ADDRESS |
| DATE OF BIRTH | SSN / TIN | DRIVER'S LICENSE # / STATE | MOTHER'S MAIDEN NAME |
| HOME PHONE | WORK OR CELL PHONE | EMPLOYER / POSITION | |
| IF JOINING AS A FAMILY MEMBER, GIVE FULL NAME OF SPONSOR | | | |
| NAME: | | RELATIONSHIP: | |
| JOINT OWNER NAME (FIRST MI LAST) | DOB | SSN / TIN | DRIVER'S LICENSE # / STATE |
| JOINT OWNER HOME ADDRESS, CITY, STATE ZIP | | HOME PHONE | WORK OR CELL PHONE |
| JOINT OWNER NAME (FIRST MI LAST) | DOB | SSN / TIN | DRIVER'S LICENSE # / STATE |
| JOINT OWNER HOME ADDRESS, CITY, STATE ZIP | | HOME PHONE | WORK OR CELL PHONE |
| JOINT OWNER NAME (FIRST MI LAST) | DOB | SSN / TIN | DRIVER'S LICENSE # / STATE |
| JOINT OWNER HOME ADDRESS, CITY, STATE ZIP | | HOME PHONE | WORK OR CELL PHONE |

ACCOUNTS OR SERVICES REQUESTED

City & Police Federal Credit Union

CHECK EACH ACCOUNT OR SERVICE YOU ARE REQUESTING

- SHARE ACCOUNT (SAVINGS)** (\$5.00 minimum balance required for membership)
- SHARE DRAFT ACCOUNT (CHECKING)**
- CLUB ACCOUNT**
- INDIVIDUAL RETIREMENT ACCOUNT (IRA)**
- TERM SHARE CERTIFICATE**

OWNERSHIP OF ACCOUNT

City & Police Federal Credit Union

CHECK WHICH TYPE OF ACCOUNT OWNERSHIP YOU ARE REQUESTING

- INDIVIDUAL**
- JOINT OWNER(S) WITH RIGHT OF SURVIVORSHIP**
- TRUST**
- UNIFORM TRUST FOR MINORS ACT**
- ORGANIZATION**

SIGNATURES

City & Police Federal Credit Union

| | | |
|----------|---|-------------|
| X | _____ | _____ |
| | <i>Primary Member</i> | <i>Date</i> |
| X | _____ | _____ |
| | <i>Authorized Employee</i> | <i>Date</i> |
| X | _____ | _____ |
| | <i>Membership Officer, Board of Directors</i> | <i>Date</i> |

SIGNATURE(S), AUTHORIZATION(S) AND ACCOUNT AGREEMENT

By Signing Below, I hereby make application for membership in City & Police FCU and agree to conform to the bylaws and any amendments thereof. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. City & Police FCU is hereby authorized to release information regarding any account I maintain with the credit union, or any application for such an account, to a check guaranty or check information company and to obtain consumer reports from consumer reporting agencies. The undersigned acknowledge receipt of the terms and conditions of accounts and the policy disclosures (funds availability, truth-in-savings and electronic funds transfer).

All Owner(s) hereby grant a security interest in this account for all loans or other obligations whether jointly or individually made.

Under Penalties Of Perjury, I/We certify (1) that the number shown on this form is my correct social security number(s) / taxpayer identification number(s) and (2) that I/we am/are not subject to backup withholding either because I/we have not been notified that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me/us that I/we am/are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification above.)

City & Police FCU is hereby authorized to recognize any signature(s) subscribed below in the payment of funds or the transaction of any business for any accounts. The joint owners of these accounts hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owner(s) to their credit as such joint owner(s) 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 survivors shall be valid and discharge said credit union from any liability for such payment. The joint owner(s) also agree to the terms and conditions of the accounts as established by the credit union from time to time.

The Right or 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.

| | | | |
|--------------------|-----------------------|-------------|--|
| Signature X | | Date | |
| | <i>Primary Member</i> | | |
| Signature X | | Date | |
| | <i>Joint Owner</i> | | |
| Signature X | | Date | |
| | <i>Joint Owner</i> | | |
| Signature X | | Date | |
| | <i>Joint Owner</i> | | |

DESIGNATION OF PAYABLE ON DEATH BENEFICIARY(IES)

| | | |
|------------|------------------|--------------|
| Print Name | Complete Address | Relationship |
| Print Name | Complete Address | Relationship |
| Print Name | Complete Address | Relationship |
| Print Name | Complete Address | Relationship |

I/We hereby designate Payable on Death Beneficiary(ies) on Account # _____ and as such, on death of the owner (or owners, if joint), any sums remaining on deposit not covered by a separate share agreement belong to the surviving payable on death beneficiary(ies). If there is more than one payable on death beneficiary, this share account, when paid shall be paid in equal shares. Any such payment made by the credit union shall satisfy the requirements of the Payable on Death provision, without necessity of determining whether any other person shall have an interest in the account, unless the credit union has been served with process restricting payment on the account in accordance with the terms of such process. This account shall, during the lifetime of the sole owner or joint owner(s), be his/her/their property and under his/her/their sole control and this Designation of Payable on Death Beneficiary(ies) is revocable by being canceled, changing payable on death direction, or otherwise dealing with this account as if there were no payable on death beneficiary. If there is more than one owner, all owners must consent to a revocation or change of beneficiary(ies). This account: (1) is subject to the deduction from the account of all charges owing, withdrawals and the payment of all checks and drafts which clear this account in the regular course of business prior to a request by the payable on death beneficiary(ies) for payment; (2) includes all credits, interest and dividends earned on this account; (3) is not subject to any amendment or change by will or other separate agreement.

| | | | |
|--------------------|-----------------------|-------------|--|
| Signature X | | Date | |
| | <i>Primary Member</i> | | |
| Signature X | | Date | |
| | <i>Joint Owner</i> | | |
| Signature X | | Date | |
| | <i>Joint Owner</i> | | |
| Signature X | | Date | |
| | <i>Joint Owner</i> | | |