



THE GIANT PIGGY BANK

Brought to you by:



NEW ACCOUNT APPLICATION

** IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask you for your name, physical address, date of birth, taxpayer identification number, and any other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Primary Account Holder – Student

First Name	Middle Initial	Last Name
Physical Address		
Mailing Address (if different)	E-mail address	Telephone Number
Date of Birth	Social Security Number	

Co-Owner – Parent/Guardian

First Name	Middle Initial	Last Name
Physical Address		
Mailing Address (if different)	E-mail address	
Date of Birth	Social Security Number	Driver's License Number
Home Phone Number	Issue Date:	Exp. Date:
	Cell Phone Number	

Co-Owner – Parent/Guardian

First Name	Middle Initial	Last Name
Physical Address		
Mailing Address (if different)	E-mail address	
Date of Birth	Social Security Number	Driver's License Number
Home Phone Number	Issue Date:	Exp. Date:
	Cell Phone Number	

I authorize Peoples Bank to verify my identity by submitting personal information to a credit reporting agency. I acknowledge my agreement to provide accurate identifying information and understand it may be used to determine the ability verify my identity.

I, _____, Parent/Guardian of _____ hereby authorize and consent to the use of his/her visual image by Peoples Bank's GIANT Piggy Bank Program for purposes including but not limited to: photography, videotape, electronic print publications and digital marketing including websites and social media. I give this consent with no claim for payment.

Email address: _____

I accept to receive electronic notices to the above provided email address regarding this account.

Student Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

ACCOUNT AGREEMENT

PEOPLES BANK

ADEL | CLIVE | GRAND JUNCTION | GUTHRIE CENTER
JEFFERSON | OGDEN | RIPPEY | SCRANTON | WAUKEE

Account (to be determined)
Number:

Account Owner(s) Name & Address

Agreement Date: _____ By: _____

[] EXISTING Account - This agreement replaces previous agreement(s).

Account Description: STUDENT SAVINGS ACCOUNT

[] Checking [X] Savings [] NOW [] _____

Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

[] Individual [] _____

[X] Joint - With Survivorship (and not as tenants in common)

[] Joint - No Survivorship (as tenants in common)

[] Trust - Separate Agreement:

[] Revocable Trust or [] Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

- [X] Terms & Conditions [X] Truth in Savings [] Funds Availability
[X] Electronic Fund Transfers [X] Privacy [] Substitute Checks
[] Common Features [] _____

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): [X]]
I.D. # _____ D.O.B. _____

STUDENT

(2): [X]]
I.D. # _____ D.O.B. _____

PARENT/GUARDIAN

(3): [X]
I.D. # _____ D.O.B. _____

PARENT/GUARDIAN

(4): [X]
I.D. # _____ D.O.B. _____

[] Authorized Signer (Individual Accounts Only)

[X]
I.D. # _____ D.O.B. _____

Ownership of Account - BUSINESS Purpose

[] Sole Proprietorship [] Single-Member LLC [] Partnership

[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)

[] C Corporation [] S Corporation [] Non-Profit

[X] N/A

Business: N/A

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

[X] By signing at right, I, _____, STUDENT,
certify under penalties of perjury that the statements made in this section are true.

[X] TIN: Student's SS#: _____ The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

[X] Not Subject to Backup Withholding. 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 Internal
Revenue Service has notified me that I am no longer subject to backup withholding.

[] Exempt Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).