	ACCOUNT NUMBER
OWNERSHIP OF ACCOUNT - CONSUMER INDIVIDUAL PERSONAL AGENCY (see below) JOINT - WITH SURVIVORSHIP (see below) JOINT - NO SURVIVORSHIP	TYPE OF CHECKING SAVINGS ACCOUNT MONEY MARKET CERTIFICATE OF DEPOSIT NOW This is your (check one): Permanent Temporary account agreement.
TRUST - SEPARATE AGREEMENT: PAYABLE ON DEATH (POD) DESIGNATION AS DEFINED IN THIS AGREEMENT (Name and Address of Beneficiaries):	ACCOUNT OWNER(S) NAME & ADDRESS
SAVINGS BANK JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP G.S. §54C-165 We, the undersigned, understand that by establishing a joint account under the provisions of North Carolina General Statute §54C-165 that: 1. The savings bank may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the savings bank that withdrawals require more than one signature; and 2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner's will. We DO elect to create the right of survivorship in this account. X X SAVINGS BANK PAYABLE ON DEATH ACCOUNT G.S. §54C-166(a) I/We, the undersigned, understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute §54C-166(a) that: 1. During my/our lifetime I/we, individually or jointly, may withdraw the money in the account; and 2. By written direction to the savings bank I/we, individually or jointly, may change the beneficiary or beneficiaries; and 3. Upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my/our heirs or be controlled by will. X X X X X SAVINGS BANK PERSONAL AGENCY ACCOUNT G.S. §54C-167 that the agent named in the account may: 1. Sign checks drawn on the account; and 2. Make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.	BACKUP WITHHOLDING CERTIFICATIONS TIN: TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number. 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 RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations. SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions). X (Date) Number of signatures required for withdrawal FACSIMILE SIGNATURE(S) ALLOWED? YES NO
(agent's name and address) I, the undersigned, agree this personal agency will continue if I subsequently become incapacitated or mentally incompetent, in accordance with North Carolina General Statute §54C-167(c).	SIGNATURE(S) - The undersigned certifies the accuracy of the information he/sh has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employmen history and/or have a credit reporting agency prepare a credit report on the
OWNERSHIP OF ACCOUNT - NONCONSUMER PURPOSE SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION: FOR PROFIT NOT FOR PROFIT BUSINESS: COUNTY & STATE OF ORGANIZATION: AUTHORIZATION DATED:	undersigned, as individuals. The undersigned also acknowledge the receipt of a cope and agree to the terms of the following agreement(s) and/or disclosure(s): Terms & Conditions Truth in Savings Funds Availability Electronic Fund Transfers Privacy Substitute Checks Common Features (1):
DATE OPENEDBY INITIAL DEPOSIT \$ CASH	D.O.B. [2]:
E-MAIL EMPLOYER MOTHER'S MAIDEN NAME Name and address of someone who will always know your location:	(3):
	I.D. # D.O.B

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