



New Account Application Instructions

Ownership of Account

1. Child's Section:

- a. Complete all information for your child. We cannot accept a PO Box for the address. If you receive your mail at a PO Box, please let the bank employee know so your statements can be mailed to the correct address. You may write it on a separate piece of paper to give to the employee.
- b. Be sure to answer the question: "Are you or any of your relatives or associates connected to a government other than the United States?"
Indicate your child's grade level.

2. Parent's Section:

- a. Must have a copy of a **current** Driver's License/State Identification Card with current address.
- b. Complete all information for the parent who will be on the account. If you would like both parents to be on the account, print a second New Account Application, and fill out the Parent Section for the second parent.
- c. Do not use a PO Box for the address.
- d. Fill out your employment information. This is required. We will not call you at your place of business unless it is necessary.

3. Number of Signers:

- a. Ignore the disclosures check boxes (bank employee will complete)
- a. DO check the box, "I certify that everything I have stated...is correct"
- a. One signer- either you **or** your child may withdraw funds,
- b. Two signers - **both** you and your child must sign in order to withdraw, **no exceptions.**

4. Signatures:

- a. Both you and your child must sign your name **exactly** as it appears in the top sections of the New Account Application.
- b. Your child signs the top signature line.
You sign on the bottom line.

A W-9 form must be completed for **each person** on the account, with **name, address, and Social Security Number**. Do **not** fill in requester's name and address, or account numbers. The child's W-9 may be signed by the child if they are 14 years or older; otherwise their parent will need to sign. The parent's section must be signed by the parent.

The rest of the application will be completed by the bank employee. If you have any questions, please leave that portion blank and ask the bank employee for help. They will be glad to assist you.



New Account Application — Consumer

Important information about your account(s) is on both sides of this form. Please read carefully.

New Kids First Account Number: [Redacted]

Ownership of Account Joint Survivorship

Child's Name: [Redacted] SSN/EIN: [Redacted] DOB: [Redacted]
Address: [Redacted] Home Phone: [Redacted]
[Redacted] Email: [Redacted]
[Redacted] [Redacted] [Redacted]

Are you or any of your relatives or associates connected to a government of a country other than the United States?
If yes, please provide an explanation on a separate sheet of paper. Yes No

Occupation: STUDENT Grade: [Redacted]

Parent: Name: [Redacted] SSN/EIN: [Redacted] DOB: [Redacted]
Address: [Redacted] Home Phone: [Redacted]
[Redacted] Cell: [Redacted]
[Redacted] Email: [Redacted]

Are you or any of your relatives or associates connected to a government of a country other than the United States? If yes, please provide an explanation on a separate sheet of paper. Yes No

Employer: [Redacted] Business Phone: [Redacted]
Occupation: [Redacted] How Long? [Redacted]

Signatures: The undersigned acknowledge (s) receipt of a cop of and agree (s) to the terms of this application and the following disclosure (s): Truth in Savings Disclosure Funds Availability Disclosure Electronic Funds Transfer Disclosure Terms and Conditions Privacy Disclosure

I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Number of Signers Required to Withdraw: [Redacted]
____ Date: _____
____ Date: _____



Office Use:

Existing Customer (currently owner of an FNB account)

Student: OFAC _____ Parent: OFAC _____

Br. Rep. Initials

Br. Rep. Initials

Primary ID: Type & Number [Redacted] Issued By: [Redacted]

Issue Date: [Redacted] Exp. Date: [Redacted] Copy Attached

Secondary ID Describe: [Redacted] Exp. Date: [Redacted] Copy Attached

Escheat Fees:

Accounts having no activity for 5 years, that are escheated to the Commonwealth of Pennsylvania are, subject to an Escheat Fee of \$35.00 per account.

Dormant Account Fees:

Checking Accounts -A dormant account fee of \$5.00 will be charged each month for balances under \$500.00 if for six months (previous) there is no activity or other indication in writing from you of an interest in this account.

Savings Accounts - A dormant account fee of \$5.00 will be charged each month for balances under \$500.00 if for two years (previous) there is no activity or other indication in writing from you of an interest in this account.

Interest Bearing Checking - A dormant account fee of \$5.00 will be charged each month for balances under \$500.00 if for two years (previous) there is no activity or other indication in writing from you of an interest in this account.

Automatic Transfer:

It is agreed that the purpose of this authorization is to enable the bank to transfer funds from the account indicated on the front when necessary to provide adequate funds in my/our checking account to pay the checks I/we draw on the account.

I/we authorize the transfers to be made when my/our checking account balance falls below ZERO or target balance. The transfer amounts shall be in multiples of \$100.00. Because of the convenience this services affords, I/we also authorize the bank to charge my/our checking account \$3.00 for each transfer.

In addition, I/we agree to maintain a sufficient balance in the indicated account to cover transfers requisites by the above authorization. If the balance in that account is insufficient to cover the transfers authorized, the bank may cancel this authorization immediately without notice and take whatever steps are necessary to protect itself, including returning the checks unpaid and closing the account. If the bank closes the account, you will receive notice of the same, together with a check for any money remaining in the account.

Any of the parties to this agreement may terminate the authorization by written notice to the appropriate party, Such notice shall be effective immediately when given by the bank and when given by any one of the other authorizing parties, it-shall be effective as soon as the bank receives the notice and has a reasonable amount of time to change its records.

CONSUMER SAVINGS ACCOUNTS

THIS DISCLOSURE CONTAINS INFORMATION ABOUT YOUR ACCOUNT

A minimum deposit of \$1.00 is required to open any of these accounts.
Check the fee schedule for charges affecting your account.

Date Prepared: Prepared By:

Account Type	Minimum Deposit to Avoid Fees	Minimum Balance to Obtain Annual Percentage Yield	*Interest Rate	*Annual Percentage Yield
Kids First Savings	\$50 to receive interest	\$50	.10	.10

*Current rates will be quoted upon request. Call 215-860-9100.

- Variable Rate Accounts: The interest rate and annual percentage yield may change at any time.
- Determination of Rate: At our discretion, we may change the interest rate on your account. -
- Frequency of Rate Changes: We may change the interest rate on your account at any time.
- Interest will be calculated on the daily balance method. This method applies a daily periodic rate to the principal in the account each day.
- Interest is credited monthly to your account unless otherwise stated below.
- Minimum balances must be maintained to avoid maintenance fees.
- Interest begins to accrue no later than the business day you deposit noncash items (ie checks).
- Effect of closing an account: Accrued but uncredited interest under \$1.00 will not be paid.
- One owner of this account must be 18 years or younger. Other owner(s) must be parent or legal guardian.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 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.



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.