



ACCUMULATOR SAVINGS PLAN

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

- New memberships require a minimum \$5 initial deposit in a Membership Savings account).
- The Accumulator Savings Plan requires a minimum \$25 initial deposit funded from your first deposit.
- Fund the account(s) by transferring funds from your Provident account; or include a check (payable to Provident Credit Union), an automatic transfer form, or a direct deposit form.
- Mail to the address above (attention: Account Services), fax* to (650) 508-0619, or drop off at any Provident community branch.

ACCOUNT(S) TO OPEN:

- Membership Savings
- Accumulator Savings

Monthly deposits are required using Automatic Transfer from another account or Direct Deposit from your employer. The maximum deposit is \$3,000 per month.

- Direct Deposit

Complete a Direct Deposit form (included on the following pages)

- Automatic Transfer

Complete an Automatic Transfer form (included on the following pages)

Primary Owner

_____		_____	
Promo Code (if applicable)		Member Number (existing members)	
_____	_____	_____	_____
↑ Last Name	First Name	M.I.	Birth Date
_____	_____	_____	_____
Social Security Number	I.D./Driver License Number	State	Expiration Date
_____	_____	_____	_____
Mother's Maiden Name	Eligibility (Name of community, association, employer, or family member)		
_____	_____		
Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	
_____	_____	_____	
E-mail Address	Beneficiary(ies) (if no joint owner, or upon death of both owners)		
_____	_____		
Employer (or previous employer if retired or not employed)	Job Title (or minor, disabled, etc. if not employed)		
_____	_____		
Employer Address	City	State	Zip
_____	_____	_____	_____

Retired Unemployed **Background:** US Citizen Permanent Resident Non-Resident Alien³

Joint Owner

_____		_____	
↑ Last Name		First Name	
_____	_____	_____	_____
Social Security Number	I.D./Driver License Number	State	Expiration Date
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	
_____	_____	_____	
E-mail Address	Mother's Maiden Name		
_____	_____		
Employer (or previous employer if retired or not employed)	Job Title (or minor, disabled, etc. if not employed)		
_____	_____		
Employer Address	City	State	Zip
_____	_____	_____	_____

Retired Unemployed **Background:** US Citizen Permanent Resident Non-Resident Alien³

Signatures (Include a copy of the driver license or I.D. for all signers.)

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, (1) that the Social Security Number/Taxpayer Identification Number on this application is correct, and (2) that I am not, unless designated below, subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back-up withholding.

I am subject to back-up withholding. (3) I am a U.S. citizen or U.S. resident alien unless I have checked the box on this form regarding my background that I am a non-resident alien and have or will complete a **W-8 BEN to certify foreign status**.

By signing below, I/we acknowledge receipt of Provident's Master Disclosure and Service Charge Schedule or acknowledge copies will be mailed to me/us and agree to their terms and conditions. This authorizes Provident to do an independent credit review, including the verification of my employment history, and obtaining credit reports now and in the future. Provident will also review all signers through ChexSystems. Provident has the right to furnish other credit reporting services with information about my credit. Note: the IRS does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X	_____	X	_____
Primary Owner Signature	Date	Joint Owner Signature	Date

Pursuant to the USA Patriot Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism). 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.

PAY-OUT DATE

Please transfer the balance of my Accumulator Savings Plan to my regular Membership Savings account on the last day of:

Month: _____
(within 12 months) and on the same date of all subsequent years thereafter, until I provide written authorization to stop.

FUND ACCOUNT(S):

If you are a new member, \$5 will be deducted from the funding amount for your \$5 initial deposit (minimum balance) into your Membership Savings account.

\$ _____
Funding amount

- Check enclosed
- Automatic Transfer form enclosed
- Direct Deposit form enclosed
- From my Provident account:

Account Number

ESTIMATED MONTHLY TRANSACTIONS:

- Cash \$ _____
- ACH \$ _____
Electronic Payment Country _____
- Wires \$ _____
Country _____
- Chks. \$ _____
Negotiable Instruments
- None of the Above

Terms and Conditions:

The Annual Percentage Yield (APY) is variable and subject to change monthly on the 1st.

(Continued on next page.)



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Terms and Conditions:

The Annual Percentage Yield (APY) is variable and subject to change monthly on the 1st. The floor APY is guaranteed through December 31 of the current year on all new and existing Accumulator Savings Plans and is subject to change once a year on January 1. Withdrawals will reduce earnings. Dividends are deferred until the last day of the month you have selected to have the balance of this account transferred to your Savings Account (00 Suffix).

A minimum deposit of \$25 is required to open this account. The minimum deposit will be applied upon the first deposit into your account. You must maintain a minimum balance of \$25. If your balance falls below the minimum balance requirement, the next deposit to your account will be applied to meet this requirement.

If you make a withdrawal prior to maturity you will be assessed a withdrawal fee (See Service Charge Schedule for details.) Withdrawals are not permitted if the withdrawal amount combined with the withdrawal fee exceeds your balance.

If you close your Accumulator Savings Plan before your transfer date you will be assessed a withdrawal fee and forfeit all dividends accrued on the amount withdrawn. This plan cannot be used for overdraft protection for checking, nor used as collateral on a loan. Withdrawals and transfers cannot be made from this plan via ATM or Shared Branch locations. Deposits can only be made via Direct Deposit, Payroll Deduction, or Automatic Transfers. In this agreement the terms "Direct Deposit" and "Payroll Deduction" apply only to money deposited from your employer. For more details, go to providentcu.org. Terms and conditions may change at any time without notice.