



ACCOUNT CARD AND MEMBERSHIP ACCOUNT AGREEMENT

Member Number:

Date: _____ [] NEW [] CHANGE [] OTHER:

PLEASE PRINT CLEARLY OR TYPE. COMPLETE ALL APPLICABLE SECTIONS AND SIGN WHERE INDICATED

IDENTIFYING INFORMATION To help the government fight the funding of terrorism and money laundering activities, Federal law requires that we 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 will also ask to see your driver's license or other identifying documents.

TYPE OF ACCOUNT

- | | |
|---|--|
| <input type="checkbox"/> Savings Account <input type="checkbox"/> Goal Club Youth Savings <i>(Parental co-signer required)</i> <input type="checkbox"/> Health Savings Account (HSA) Single ___ or Family ___ <input type="checkbox"/> Share Certificate Type/Terms _____ <input type="checkbox"/> IRA Savings (No Joint) [] IRA Type/Terms _____ <input type="checkbox"/> Coverdell Education Savings Account (ESA) | <input type="checkbox"/> UGMA/UTMA Account <i>(Custodian/Trustee listed below)</i> <input type="checkbox"/> Christmas Club Account <input type="checkbox"/> Regular Checking Type _____ <input type="checkbox"/> Student Checking [] Goal Club Checking <input type="checkbox"/> Money Market [] Money Market Rewards <input type="checkbox"/> Health Savings Checking Account Single ___ or Family ___ |
|---|--|

MEMBERSHIP APPLICATION AND OWNERSHIP INFORMATION

| | | | |
|---|--|---------------|------------------------------|
| Member : First Name | Middle | Last Name | SSN/TIN |
| Account Title <i>(Complete only if not Individual Name. Special Account: Living Trust, Estate, Rep Payee, or UGMA/UTMA)</i> | | | SSN/TIN |
| Date of Birth/Established Date | Drivers License Number/State of Issuance | Date of Issue | Date of Expiration |
| If no Drivers License list and describe over Government issued photo ID (ID Card Type, Card #, ID State, Issue Date, ID Expire) | | | |
| Mailing Address | | City | State Zip Code |
| Home Phone | Work Phone | Ext | Alternative Phone/Cell Phone |
| Email Address | | Occupation | Mo Income |
| Street Address / City / State / Zip (if different than the Mailing Address listed above or if the Mailing Address listed above is a P.O. Box) | | | |

ADDITIONAL OWNERSHIP INFORMATION

Parties listed herein will be deemed joint owners unless you indicate another roll on this account below:

| | | | | |
|---|---|------------------------|---|--|
| Joint #1 Member, <input type="checkbox"/> Trustee(s), <input type="checkbox"/> Custodian, <input type="checkbox"/> Representative Payee | Name | Social Security Number | Date of Birth | |
| | Home Phone | Work Phone/Ext | ID Type/ ID # /ID State Issue Date Exp Date | |
| | Residence Street Address/City/State/Zip | | Mailing Address (if Different) | |
| | | | | |
| Joint# 2 Member <input type="checkbox"/> Trustee(s) | Name | Social Security Number | Date of Birth | |
| | Home Phone | Work Phone/Ext | ID Type/ ID # /ID State Issue Date Exp Date | |
| | Residence Street Address/City/State/Zip | | Mailing Address (if Different) | |
| | | | | |
| Joint# 3 Member <input type="checkbox"/> Trustee(s) | Name | Social Security Number | Date of Birth | |
| | Home Phone | Work Phone/Ext | ID Type/ ID # /ID State Issue Date Exp Date | |
| | Residence Street Address/City/State/Zip | | Mailing Address (if Different) | |
| | | | | |

PAYABLE ON DEATH PAYEES

This POD Designation Only applies to the Account(s) Listed Above. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment. Use additional forms if necessary.

| | | | | | |
|----------------------|----------|--------------|---------------|------------------------|-------------------|
| Beneficiaries | | | | | |
| | PAYEE #1 | Relationship | Date of Birth | Social Security Number | % of Distribution |
| | | | | | |
| | PAYEE #2 | Relationship | Date of Birth | Social Security Number | % of Distribution |
| | | | | | |
| | PAYEE #3 | Relationship | Date of Birth | Social Security Number | % of Distribution |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) The payee is not subject to backup withholding because: (a) The payee is exempt from backup withholding, or (b) The payee has 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. person (including a U.S. resident alien). Instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES

The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

SIGNATURES, CONSENTS AND AGREEMENT

Each applicant, authorized user or other party signing above, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of Carolina Trust Federal Credit Union ("Credit Union"). The applicant(s) certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. The applicant(s) acknowledge that they have received and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s)/services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future sub-accounts and/or services in the names of the owners or Account Title listed above. If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee"). Checks will be printed using the names of all joint owners or account title, and the address and home phone number of the Member as they appear on the reverse side.

ACCOUNT ACCESS OPTIONS Please Note: Some services are not available with certain accounts

- [] VISA® Debit Card [] ATM Card [] Online Bill Pay [] Wire Password
 [] Health Savings Account VISA® Debit Card [] E-Statements [] Online Banking [] Audio Response

ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE)

The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

AUTHORIZED SIGNATURES:

BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THE REVERSE SIDE OF THIS CARD.

| | |
|-------------------|-------------------|
| 1. _____ | 2. _____ |
| SIGNATURES | SIGNATURES |
| DATE | DATE |
| 3. _____ | 4. _____ |
| SIGNATURES | SIGNATURES |
| DATE | DATE |

CREDIT UNION NOTES

Account Opened: In Person By Mail Internet Indirect Lending Other: _____

Member/Owner/User Identification Verified via:

- | | | | |
|---|---------------------------------------|---|---------------------------|
| 1. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 2. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |
| 3. <input type="checkbox"/> Driver's License. | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Existing Member Per Policy | Verified By: _____ |

Entity Other Than Natural Person: (Trust, Estate, etc.)

Verified By: _____

Document(s) Reviewed: _____ Existing Member Per Policy