

Personal Checking/Savings Account Application

First Name: _____ Last Name: _____

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Account Holders must reside in **Bucks, Montgomery or Philadelphia counties, Pennsylvania.**

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: 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.

Security Notice:

You should **ONLY** fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:

1. Complete Application and click "Submit Application".
2. To safeguard your privacy, **QUIT** your browser and restart it again after using this form. This form is **NOT** saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

Primary Joint Account Holder Information

| | | | | | | | |
|--------------------------------------|--|-----------------------------|-------------------------------|----------------------------|-------|----------|-------|
| (required) | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">First Name</td> <td style="text-align: center; width: 33%;">Middle Initial</td> <td style="text-align: center; width: 33%;">Last Name</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | First Name | Middle Initial | Last Name | _____ | _____ | _____ |
| First Name | Middle Initial | Last Name | | | | | |
| _____ | _____ | _____ | | | | | |
| (required) | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Date of Birth</td> <td style="text-align: center; width: 33%;">Social Security No.</td> <td style="text-align: center; width: 33%;">Your E-mail Address</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | Date of Birth | Social Security No. | Your E-mail Address | _____ | _____ | _____ |
| Date of Birth | Social Security No. | Your E-mail Address | | | | | |
| _____ | _____ | _____ | | | | | |
| (required) | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 60%;">Driver's License No.</td> <td style="text-align: center; width: 40%;">Driver's License State</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | Driver's License No. | Driver's License State | _____ | _____ | | |
| Driver's License No. | Driver's License State | | | | | | |
| _____ | _____ | | | | | | |
| (required) | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 60%;">Home Phone</td> <td style="text-align: center; width: 40%;">Work Phone</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | Home Phone | Work Phone | _____ | _____ | | |
| Home Phone | Work Phone | | | | | | |
| _____ | _____ | | | | | | |
| Address Information | <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black;">Address Line 1</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address Line 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">ZIP Code</td> </tr> </table> | Address Line 1 | Address Line 2 | City | State | ZIP Code | |
| Address Line 1 | | | | | | | |
| Address Line 2 | | | | | | | |
| City | State | ZIP Code | | | | | |
| Subject to backup withholding | <input type="radio"/> Yes <input type="radio"/> No | | | | | | |

Joint Account Holder (with right of survivorship)

| | | | |
|---|---|---|----------------------------|
| (required) | First Name | Middle Initial | Last Name |
| | _____ | _____ | _____ |
| (required) | Date of Birth | Social Security No. | Your E-mail Address |
| | _____ | _____ | _____ |
| (required) | Driver's License No. | Driver's License State | |
| | _____ | _____ | |
| (required) | Home Phone | Work Phone | |
| | _____ | _____ | |
| Address Information | Address Line 1 _____ | | |
| | Address Line 2 _____ | | |
| | City _____ | State _____ | ZIP Code _____ |
| Subject to backup withholding | <input type="radio"/> Yes | <input type="radio"/> No | |
| Account Titling Information | | | |
| (required) | <input type="radio"/> Individual | <input type="radio"/> Joint | |
| | <input type="radio"/> In Trust For | <input type="radio"/> Custodial | |
| In Trust For (required) | Name | Social Security No. | |
| | _____ | _____ | |
| Custodial (required) | Name | Social Security No. | |
| | _____ | _____ | |
| I/We would like to apply for the following account(s): | | | |
| Checking Accounts | <input type="checkbox"/> Low Activity Checking | <input type="checkbox"/> Unlimited Checking | |
| | <input type="checkbox"/> Senior Checking | <input type="checkbox"/> Interest Checking | |
| | <input type="checkbox"/> Money Manager Checking | <input type="checkbox"/> Premium Checking | |
| Savings Accounts | <input type="checkbox"/> Passbook Savings | <input type="checkbox"/> Statement Savings | |
| | <input type="checkbox"/> Holiday Club | <input type="checkbox"/> Vacation Club | |
| Money Market Accounts | <input type="checkbox"/> Money Market Account | | |
| Visa Check/ATM Card | <input type="checkbox"/> Visa Check Card | <input type="checkbox"/> ATM Card | |

The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below.

Taxpayer Identification Number Certification: Under the 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, or

(c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or

(d) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including U.S. resident alien).

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 of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to **Fidelity Savings** within sixty (60) days, then **Fidelity Savings** is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **Fidelity Savings**.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **Fidelity Savings**.

(required)

I/We AGREE with the above statement