

**USA Patriot Act**  
**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 you 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 information.

**Ownership of Account:** Your account will be opened as an Individual account. If you would like, you may add a joint owner or beneficiaries to the account once it is opened by stopping by any local First Bank branch.

**Account Options (Please check all that apply):**

Account # will be assigned when account is opened and will be provided to you by mail. Truth in Savings Account disclosures and the Personal Account Fee Schedule are attached here for your review.

**Checking:**  First@Work Direct Deposit Assigned Account Number: \_\_\_\_\_

First@Work Select Assigned Account Number: \_\_\_\_\_

**Savings:**  First@Work Savings Assigned Account Number: \_\_\_\_\_

**Transfer \$** \_\_\_\_\_ **from my checking to savings:**  
(must be at least \$10)

<input type="checkbox"/> monthly on the (date) _____ of each month
<input type="checkbox"/> weekly on (day) _____ each week
<input type="checkbox"/> (other) _____

**Effective Date** \_\_\_\_\_ **Termination Date** \_\_\_\_\_

**Overdraft Protection Options:**

**Overdraft Privilege:**

All First Bank checking accounts come with Overdraft Privilege which means we strive to pay your check and ACH items when sufficient funds may not be available. Please see the attached *Important Information about your Personal Checking Account* for additional information about this service.

In order for Overdraft Privilege to be available for your everyday point-of-sale Debit Card purchases and ATM withdrawals you will need to Opt-in for this coverage. We recommend you opt-in for this Debit Card coverage so that you have the flexibility to handle unforeseen circumstances.

Would you like us to cover your Debit Card transactions and ATM withdrawals?  Yes  No

**Fund Transfer:**

If you are also applying for a First@Work Savings Account then you can choose to have your accounts linked so that funds from your Savings Account can be transferred to your Checking Account to potentially cover transaction that would otherwise overdraw your account.

Would you like for your Savings Account to be linked for Overdraft Protection?  Yes  No  N/A

**IF YES-** You authorize us to debit your Savings Account and transfer the funds into your Checking Account to cover each overdraft on your Checking Account. We will make transfers in the exact amount needed to cover the shortage. **There is no charge for each transfer.**

**Checks & Debit Card for your First@Work Checking Account:**

By checking this box I would like to request a Debit Card for my First@Work Checking Account and

I would like to order my free basic checks with starting number \_\_\_\_\_

or  I will select from other designs and order later

**Applicant Information:**

Name (print): First \_\_\_\_\_ M. I. \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number or Individual Taxpayer Identification # \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physical Address (cannot be a PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address (Check here  if same as address above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ - - Work Phone \_\_\_\_\_ - - Cell Phone \_\_\_\_\_ - -

Best Time to Call \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Primary ID  Driver's License  State ID  US Passport  Foreign Passport  Alien Resident Card  Other \_\_\_\_\_

Issued By \_\_\_\_\_ Identification Number \_\_\_\_\_ Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Account Registration – Mandatory Taxpayer Identification Number and Certification**

*A First Bank associate will be happy to assist you with completing the section below if you have questions.*

<p><b>Check Only One:</b> <input type="checkbox"/> I am a U.S Citizen <input type="checkbox"/> I am a Resident Alien (if U.S. Citizen or Resident Alien complete Backup Withholding Certification below) <input type="checkbox"/> I am a Non-Resident Alien (if Non-Resident Alien, complete W-8BEN Section below)</p>					
<p><b>Backup Withholding Certifications for U.S Citizens or Resident Alien</b></p> <p>Certification Instructions: 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.</p> <p><input type="checkbox"/> Taxpayer I.D. Number – The Taxpayer Identification Number on this form is my correct taxpayer identification number.</p> <p><input type="checkbox"/> Backup Withholding - I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding. (Do not check if you have been notified by the IRS that you are currently subject to backup withholding.)</p> <p><input type="checkbox"/> Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.</p>	<p><b>W-8 For ALL Non-Resident Alien customers:</b></p> <p>1. In order to prevent withholding of tax on interest paid to your account you MUST, whether you reside in the U.S. or not, complete, sign and return Form W-8BEN in this application to First Bank AND</p> <p>2. You MUST attach a photocopy of your VALID foreign identification (i.e. valid foreign passport with photograph, permanent resident card or resident alien card (AKA "Green Card") or valid employment authorization document with photograph).</p> <p>Country of citizenship</p> <p>*** Permanent residence address (street, apt, or suite no) Do not use PO Box or in-care-of address</p> <table border="1"> <tr> <td>City or Town, State or Province, include postal code</td> <td>Country (Do Not Abbreviate)</td> </tr> </table> <p>Mailing Address (if different from above)</p> <table border="1"> <tr> <td>City or Town, State or Province, include postal code</td> <td>Country (Do Not Abbreviate)</td> </tr> </table> <p>By Signing Below I acknowledge that I have read and understand the W-8BEN Certification statement below.</p> <p>Signature of beneficial owner (or individual authorized to sign for beneficiary owner)</p> <p>Date Capacity in which acting</p>	City or Town, State or Province, include postal code	Country (Do Not Abbreviate)	City or Town, State or Province, include postal code	Country (Do Not Abbreviate)
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City or Town, State or Province, include postal code	Country (Do Not Abbreviate)				
<p><b>For Non-Resident Alien Customers - Form W-8BEN Certificate of Foreign Status of Beneficial Owner For United States Tax Withholding</b></p> <p>Certification: Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify under penalties of perjury that: 1) I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates, 2) The beneficial owner is not a U.S person, 3) The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under income tax treaty or (c) the partner's share of a partnerships effectively connected income and 4) For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt or custody of the income of which I am the beneficial owner or any withholding agent that can disperse or make payment of the income of which I am the beneficial owner.</p> <p>*Beneficial Owner* For payments other than those for which a reduced rate of withholding is claimed under an income tax treaty, the beneficial owner of income is generally the person who is required under U.S. tax principles to include the income in gross income on a tax return.</p> <p>**Your permanent residence address is the address in the country where you can claim to be a resident for purposes of that country's income tax. Do not show the address of a financial institution, a post office box, or an address used solely for mailing purposes. If you are an individual who does not have a tax residence in any country, your permanent residence is where you normally reside.</p>					

**Agreement:** By signing this Account Application form I certify the accuracy of the information provided and acknowledge that I have received the appropriate Truth in Savings Disclosure, Personal Fee Schedule and the A-9 Opt-in form labeled Important Information about Your Personal Checking Account. I further agree that my account and my use of any account-related services are subject to approval by First Bank, and I give the Bank permission to send necessary information about me to any third-party deposit or credit reporting agency in order to verify my identity, deposit account history and/or creditworthiness.

Once my application has been approved, I will receive confirmation by mail that will include addition account information, including my account number(s), First Bank's Privacy Notice, Terms and Conditions, Overdraft Privilege Disclosure, Electronic Fund Transfer, and Funds Availability Disclosure. By using the account or any account-related services, I agree to be bound by the provisions of First Bank's Terms and Conditions of Your Account and Schedule of Fees, as well as the provisions of any additional agreements governing account-related services such as debit cards, online banking, overdraft protection and the like, as any of the foregoing may be amended, supplemented or replaced from time to time.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X \_\_\_\_\_  
Print Account Holder's Name

X \_\_\_\_\_  
Signature of Account Holder Date

Independent Living Branch hours Tuesday 9-12 Thursday 1-4

# FINANCIAL WELLNESS

— STARTS AT WORK —

Let's admit it: it takes a lot of effort to keep tabs on your financial wellness. But not anymore. **First@Work Select** is banking available to you through your workplace that combines no-hassle checking and savings, top security and safeguarding, and money management tools that just plain work.

## Checking & Savings

- Checking account with no monthly maintenance fee with 15 debit card swipes OR a minimum average balance of \$1,250 per statement cycle<sup>1</sup>
- One free overdraft annually
- One free order of checks
- No hassle savings account when you set up a \$10/month auto-transfer

## Peace of Mind

- IDProtect<sup>®</sup> - Identity Theft Monitoring and Resolution service<sup>2</sup> that includes:
  - Credit file monitoring<sup>3</sup>
  - Up to \$10,000 ID theft expense reimbursement<sup>4</sup>
  - And more!
- Cell phone protection<sup>5</sup>

## Financial Wellness

- Personal financial management tool
- Financial education tool

## Convenience

- More than 100 branch locations across the Carolinas
- No First Bank fees at out-of-network ATMs<sup>6</sup>
- Free digital banking and free mobile app with check deposit and Cent<sup>7</sup>

**EARN \$100**  
IN REWARDS POINTS WHEN YOU:

- Open a First Bank First@Work Select checking account
- Activate your debit card and enroll in our rewards program within 30 days
- Make at least one qualifying transaction with your First Bank debit card within 30 days

Donna Lambeth 336-821-4111  
**FIRST BANK**

TO LEARN MORE, VISIT  
[localfirstbank.com/AtWork](http://localfirstbank.com/AtWork)

1. Avoid the \$9 monthly maintenance fee with 15 debit card swipes OR a minimum average balance of \$1,250 per statement cycle. 2. Benefits are available to personal checking account owner(s), and their joint account owners subject to the terms and conditions set forth in the Guide to Benefit and/or insurance documents for the applicable Benefits. Benefits are not available to a "signer" on the account who is not an account owner or to businesses, clubs, trusts, organizations and/or churches and their members, or schools and their employees/students. Some benefits require registration/activation. 3. Credit file monitoring may take several days to begin following activation. 4. Special Program Notes: The descriptions herein are summaries only and do not include all terms, conditions and exclusions of the Benefits described. Please refer to the actual Guide to Benefit and/or insurance documents for complete details of coverage and exclusions. Coverage is offered through the company named in the Guide to Benefit or on the insurance document. 5. Free ATM network includes First Bank and CashPoints<sup>®</sup> terminals. Out of network terminal owners may charge a service fee, but First Bank will not charge our ATM Foreign Service Fee of \$2.50. 6. While First Bank does not charge for mobile banking, your mobile carrier's message and data rates may apply. Member FDIC.

\*Insurance Products are not insured by the FDIC or any Federal Government Agency; not a deposit of or guaranteed by the bank or any bank affiliate.