

South Jersey Gas Employees Federal Credit Union

Signature Card - Joint Account with Right of Survivorship

Acct. # _____

Date: _____

Signature 1: _____ SS#: _____

Name:(print) _____ Birth Date: _____

Street: _____ Telephone #: _____

City, State, Zip _____

Signature 2: _____ SS#: _____

Name:(print) _____ Birth Date: _____

Street: _____ Telephone #: _____

City, State, Zip _____

Signature 3: _____ SS#: _____

Name:(print) _____ Birth Date: _____

Street: _____ Telephone #: _____

City, State, Zip _____

Dividends on this account will be repored to the IRS under the Social Security Number listed as #1.

This account is subject to the conditions contained in the supplementary agreement below.

Certification

Under penalties of perjury, I certify that the Social Security Number information provided on this form is true, correct and complete. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature 1

Date

Supplementary Agreement - Joint Account with Right of Survivorship

1. This account is subject to the Multiple Party Deposit Account Law (17:161-1), the by laws and regulations of the Credit Union, all laws and regulations of the State of New Jersey and the United States of America, and all future changes that may be made in them.
2. This is a Joint account with a right of survivorship. Ownership cannot be changed by a Will.
3. Each party owns his/her net contribution to the account. If there is no proof of net contributions, each party will own an equal part of the account unless the parties have specifically agreed otherwise.
4. When a party to the account dies, if there are two surviving parties, each survivor will own his/her net contribution plus one half of the deceased party's share. If there is only one surviving party, the entire account will belong to such surviving party.
5. The Credit Union will be protected against liability for all payments made according to the Multiple Party Deposit Law.
6. A regulation of the New Jersey Banking Department made this notice necessary. However, this notice does not affect the right of any party, while alive, to make withdrawals.
7. Any party who wants to change the form of this account must give notice to the Credit Union in writing.
8. Any party may pledge all or part of this account as collateral for a loan.
9. Each party to this account acknowledges having read this supplementary agreement, and agrees to be bound to it.

Signature 1

Signature 2

Signature 3

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