



Uniform Single-Party or Multiple-Party Account Selection Form Notice

Account Holder(s): <u>Customer Name</u>	Financial Institution: <u>Frost Bank</u>
<u></u>	<u>111 W. Houston St.</u>
<u></u>	<u>San Antonio, TX 78205</u>

Account Number: _____	Date: _____
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The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following accounts. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary.

All owners should place **initials** next to **one** of the following accounts types to indicate the selection:

*initials for one*

- (1) SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) DESIGNATION.** The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy.
- (2) SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION.** The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate.
- (3) MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy.
- (4) MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties.
- (5) MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D. (PAYABLE ON DEATH) DESIGNATION.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries.
- (6) TRUST ACCOUNT (TOTTEN TRUST).** The parties named as trustees to the account own the account in proportion to the parties' net contributions to the account. A trustee may withdraw funds from the account. A beneficiary may not withdraw funds from the account before all trustees are deceased. On the death of the last surviving trustee, the ownership of the account passes to the beneficiary. The trust account is not a part of a trustee's estate and does not pass under the trustee's will or by intestacy, unless the trustee survives all of the beneficiaries and all other trustees.

ACKNOWLEDGMENT: I acknowledge that I have read each paragraph of this form and have received disclosure of the ownership rights to the accounts listed above. I have placed my initials next to the type of account I want.

Sign below to approve the account type selected:

X	<u>Signature</u>	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____
X	_____	X	_____

Name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

Name(s) of the P.O.D. beneficiaries:

Beneficiary name(s)  
(only if opt. 2 on  
page 1 is initialed)

Please provide the following information:



Account Number \_\_\_\_\_

**Primary Owner of Account**

Name NAME Driver's License Number/ID Number 12545678

Salutation (please circle) Mr. Mrs. Ms. State STATE

Date of Birth DOB Driver's License Expiration Date of 00/0000

Home Address (no P.O. Box) HOME ADDRESS Passport/Military ID Expiration Date

City Country Issued Passport/Military ID Expiration Date

State Zip Passport/Military ID Expiration Date

Mailing Address (if applicable) City Home Telephone Number 123-456-7890

State Zip Work Telephone Number

Email Address Employer EMPLOYER

Social Security Number 123-45-6789 Title THE

Signature of Authorized Individuals. This Agreement is subject to all terms below.

X SIGNATURE

The Authorized Individual certifies that he or she has all required authority to act with respect to this account(s) and agree to indemnify and hold Financial Institution harmless from and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibility or duty to assure or verify that Authorized Individual has or is acting within the authority given to him or her by the authorizing document or that such authorizing document is genuine or valid, even if Financial Institution has seen or retained a copy of such document.

The Authorized Individual signing above agrees to the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Deposit (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure and the Electronic Funds Transfer Agreement and Disclosure (if applicable) as amended by the Financial Institution from time to time. The Authorized Individual signing also acknowledges that the Financial Institution provided at least one copy of these deposit account documents.

**Tin/Backup Withholding**  
Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. Person (including a U.S. resident alien). The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct and that (check appropriate box)  
 I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am no longer subject to backup withholding.  
 I am subject to backup withholding.  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

To be Filled Out by Frost Employee:

Account Number \_\_\_\_\_  
Promotion code \_\_\_\_\_  
Account Type \_\_\_\_\_  
Date account opened \_\_\_\_\_  
Ownership Type \_\_\_\_\_  
Account Purpose \_\_\_\_\_  
Office Number \_\_\_\_\_  
Opening Officer \_\_\_\_\_



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# FROST PERSONAL ATM & CHECKCARD REQUEST FORM

## PERSONAL INFORMATION

Name (limit 20 characters) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

- Check here if this is an address change that applies to your primary checking account only.
- Check here if this is an address change that applies to all accounts.

## ACCOUNTS FOR ACCESS (PERSONAL ACCOUNTS ONLY)

My primary checking account number is: \_\_\_\_\_

My primary savings account number is: \_\_\_\_\_

## OTHER BANK ACCOUNTS I WISH TO ACCESS WITH MY CARD (REQUESTOR MUST BE A SIGNER ON EACH ACCOUNT LISTED)

Account Numbers	Savings	Checking	Money Market	High Yield Money Market
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Authorization:

By signing below, I am requesting a Frost ATM & Checkcard. I agree the Service will be governed by the Agreement and Disclosure for Personal Checkcard, Health Savings Account Checkcard, and ATM card, which is amended from time to time. I will receive the Agreement when the card is issued and my use of the card issued in connection with the Service will confirm that I have reviewed the Agreement and will bond me to its terms.

Requestor's Signature: Signature Date: \_\_\_\_\_

Please sign request form and mail to:

CIF Department  
Frost  
P.O. Box 1600  
San Antonio, TX 78296

**Note:** Each cardholder must be a signer on each account listed. The primary account for a Frost ATM & Checkcard cannot be a savings account. A courier fee may apply to cards that require special handling. Card will be mailed to the above address. You will receive your card in the mail 3-5 business days from the time your request form is received. Your personal identification number (PIN) will be sent in a separate mailing.

## FOR BANK USE ONLY

Banker/Approving Officer Name	Officer #(s)	Branch/Location	Banker/Approving Officer Signature	Extension(s)
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## What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account or personal line of credit, which may be less expensive than our standard overdraft practices. To learn more, ask a Frost banker about our plans.

This notice explains our standard overdraft practices.

### What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- ACH transactions
- Automatic bill payments

We do not authorize and pay overdrafts for the following type of transaction unless you ask us to (see below):

- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

### What fees will I be charged if Frost pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of **\$35** for each item that overdraws your account more than \$5
- There will be a daily limit of \$175 on the total fees we can charge you for overdrawing your account

### What if I want Frost to authorize and pay overdrafts on my everyday debit card transactions?

If you also want us to authorize and pay overdrafts on your everyday debit card transactions, please let us know:

- By mail- complete the form below and mail to Attn: CIF, P.O. Box 1600, San Antonio, TX 78296
- By phone- give us a call at 1-800-513-7678
- In person- stop by your nearest financial center
- Online- at frostbank.com

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\_\_\_\_\_ I do not want Frost to authorize and pay overdrafts on my everyday debit card transactions for the checking account listed below.

\_\_\_\_\_ I want Frost to authorize and pay overdrafts on my everyday debit card transactions for the checking account listed below.

Account Number: \_\_\_\_\_

Account Holder: \_\_\_\_\_

Customer's Signature: Signature Date: \_\_\_\_\_

Effective May 1, 2019

