



PNC School Bank Program

Child's Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____
(If your child is a US Citizen or a Resident Alien, the account can not be opened without a Social Security Number.)

Date of Birth: ____/____/____ Teacher's Name: _____

Telephone Number: (____) _____ - _____

Please check one below:

Citizenship: ____ US Citizen ____ Resident Alien ____ Nonresident Alien *

____ Has a pre-existing PNC account that they may use.

____ Has permission to participate in the PNC School Bank Program.

____ Does Not have permission to participate in the program.

Student Signature

Date

Please fill out the information front and back, sign and return to your child's teacher or a PNC Bank Representative in a sealed envelope marked "School Bank".

Parent's Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____
(If you are a US Citizen or a Resident Alien, the account can not be opened without a Social Security Number.)

Date of Birth: ____/____/____

Home Phone: (____) _____ - _____ Work Phone: (____) _____

Driver's License: # _____ State _____

Date Issued _____ Date Expires _____

Other Form of ID: _____

Please check one below:

Citizenship: ____ US Citizen ____ Resident Alien ____ Nonresident Alien *

Employer: _____ Occupation: _____

Are you currently or have you ever been a foreign government official, an official of a major foreign political party, or are an immediate family member, close associate, acting at the direction of or for the benefit of either of those officials or their corporations or businesses? ____ Yes ____ No

By signing below you are giving your permission to open a minor's savings account for your child through and in cooperation with PNC Bank.

Parent Signature _____ Date _____

PNC Bank, Member FDIC

*Please provide a foreign address and attach a copy of both the student's and your photo ID if Nonresident Alien is checked. A W8 form is required for any Nonresident Alien.

LEGAL TITLE	TIN	Home Phone #	Work Phone #	Email Address
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ACCOUNT ADDRESS	FOREIGN ADDRESS
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Check appropriate box for federal tax classification (required):

- Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
- Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership) ____
- Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
- Other _____

Certification of Owner: Under penalties of perjury, I certify that:

- (1) The number 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 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. citizen or other U.S. person, **and**
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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, you must cross out item (2) in your certification.

Check this box if you are a non-resident alien and complete W-8 BEN. By checking this box the only purpose this document will serve for is a Signature Card for the account. It will not serve as a W-9.

By signing below, I agree that I have given PNC Bank permission to send my personal information to a third party reporting agency to verify my identity and credit worthiness.

Account Agreement: By signing this Account Registration and Agreement and/or by using the account, by requesting and/or using and/or later adding any account related services, including but not limited to Debit Card/ATM Card, Overdraft Protection, PNC Bank Online services, I agree to be bound by the terms and conditions of PNC Bank's Account Agreement for Checking Accounts and Savings Accounts, PNC Bank's Account Agreement for Certificates of Deposit, or IRA CDs, as applicable, and Schedule of Service Charges and Fees, as well as other terms and conditions that may apply to my PNC Bank account, account features and/or services. I agree that my account is subject to approval by PNC Bank.

ACCOUNT #	PRODUCT	BRANCH	EFFECTIVE DATE	APPLICATION DATE	APPLICATION #

(Signer(s) for)

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

	X	
	Signature	
	X	
	Signature	
	X	
	Signature	
	X	
	Signature	
	X	
	Signature	
	X	
	Signature	

PNC Bank internal use only instructions:
 Please forward this form in the clear plastic envelope with the red insert to CIF.
 It can also be mailed via interoffice mail to CIF - Mail Stop: P7-PFSC-04-F