



# 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".**

PNC Bank, Member FDIC

## 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

\*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.



ACCOUNT REGISTRATION AND AGREEMENT

LEGAL TITLE	TIN	Home Phone #	Work Phone #	Email Address
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ACCOUNT ADDRESS	FOREIGN ADDRESS
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**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.

**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.

Check if Exempt Payee - Status does not apply to individuals.  
See instruction for the W-9 form available on the IRS website.

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 )

_____	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