InterestPlus Online Savings Account Acceptance Form Instructions

Instructions:

Please note, the use of this form is only for existing accounts and not to setup new accounts

- 1. Complete all applicable sections by typing in the required information. To do so, simply click on the desired field and begin typing. Handwritten forms are strongly discouraged as it may cause delays.
- 2. Confirm all information before printing the Acceptance Form
 - *Any changes on the form (from earlier information provided during application process) may cause delays in processing your request
- 3. Ensure all owners sign the Acceptance Form.
- 4. Include any additional documents with your Acceptance Form:
 - a. Power of Attorney Account Copy of Power of Attorney
- 5. Mail or Fax to:

Standard Mail: Overnight Mail: Fax:

Capital One Bank[®] Capital One Bank[®] 1-877-650-3529

P.O. Box 4199 5718 Westheimer Road Houston, TX 77210-4199 4th Floor Lockbox Houston, TX 77057

6. Within 3 business days of receiving your Acceptance Form we will update your account and mail your final account opening confirmation. This should be received within 10 business days

Capital One[®] reserves the right to investigate your account information which may include a review of your credit bureau information. Should any information provided on this Acceptance Form prove to be false or misleading, now or in the future, we may freeze the funds in the account pending the completion of our investigation and may also close the account. If an account is closed, a check will be issued that includes the funds on deposit and all interest accrued minus applicable fees and penalties, unless we have suffered a material loss as a result of the false or misleading information, in which case you agree we may offset our loss with funds on deposit.

Any incorrect or missing information on this signature form may cause delays in setting up this account.

InterestPlus Online Savings Account Acceptance Form

Account Number:	Account Type:		
ACCOUNT OWNER INFORMATION Information about procedures for opening a new acc money laundering activities, Federal Law requires all fi identifies each person who opens an account. What t address, date of birth, and other information that wil	inancial institutions to obtain, verify an this means to you: When you open an a	d record information that	
1. For custodian accounts enter Minor in 1 and Adult in	2		
Owner's Name	Owner's SSN	Owner's Date of Birth	
Owner's Physical Address	1		
Owner's City	Owner's State	Owner's Zip	
2.			
Co-Owner's Name	Co-Owner's SSN	Co-Owner's Date of Birth	
Co-Owner's Physical Address			
Co-Owner's City	Co-Owner's State	Co-Owner's Zip	
3.			
Co-Owner's Name	Co-Owner's SSN	Co-Owner's Date of Birth	
Co-Owner's Physical Address	1		
Co-Owner's City	Co-Owner's State	Co-Owner's Zip	
4.			
Co-Owner's Name	Co-Owner's SSN	Co-Owner's Date of Birth	
Co-Owner's Physical Address	1	1	
Co-Owner's City	Co-Owner's State	Co-Owner's Zip	

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Account Number:	_			
* Beneficiaries are not allowed on True application process, they must also	st, Commercial o	or Custodian accounts. If bene	ficiaries were provided earlie	r during the
1.				
Beneficiary's Name				Beneficiary's SSN
2.				
Beneficiary's Name				Beneficiary's SSN
3.				
Beneficiary's Name				Beneficiary's SSN
4.				
Beneficiary's Name				Beneficiary's SSN
5.				
Beneficiary's Name				Beneficiary's SSN
6.				Danieli i and GCN
Beneficiary's Name				Beneficiary's SSN
ADDITIONAL INFORMATION Taxpayer Identification Number Cert Under penalties of perjury, I certify that: 1. The number shown on this form is my corr 2. I am not subject to backup withholding be am subject to backup withholding as a result withholding, and 3. I am aU.S.citizen or otherU.S.person (defined with the shown and dividends on your tax return. For real est cancellation of debt, contributions to an indivisign the certification, but you must provide you have a support to Terms	ect taxpayer identificause: (a) I am exer of a failure to repo ed in the instruction we been notified by ate transactions, its vidual retirement an	npt from backup withholding, or (b) rt all interest or dividends, or (c) thens). the IRS that you are currently subjecem 2 does not apply. For mortgage is	I have not been notified by the Interest IRS has notified me that I am no lead to be a common to	ternal Revenue Service (IRS) that I onger subject to backup ou have failed to report all intere- onment of secured property,
I (We) agree to be bound by the Capital One Ac	count Agroomant an	d tarms and conditions described in th	o account agreement including any	and all amondments thereto. Vou
have authorized Capital One to complete the op	•		e account agreement, including any a	and an amendments thereto. Tou
The Internal Revenue Service does not require	your consent to an	y provisions of this document other	than the certifications required to	avoid backup withholding.
Owner's Signature	Date	Owner's Signature	Date	
Owner's Signature	Date	Owner's Signature	Date	
*If you would like to receive instruct a Tax payer Identification Number, p Service Line: 1-888-810-4013, Mono	olease write us	at Capital One Bank, P.O. Bo	x 4199, Houston, TX 77210	-4199. Customer

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