DISCOVER | Custodial Account Conversion Form

Step 1. Complete the Custodial Account Conversion Form on the following page.

- All fields on the following pages must be filled out, even if the information has not changed.
- Sign and date the Primary Accountholder Authorization (Section B) and W-9 Certification (Section C).

Step 2. Decide whether to add a Joint Accountholder.

- If you want to add a Joint Accountholder to the account at this time, fill out the additional Joint Accountholder Authorization form below.
- One Joint Accountholder Authorization form is needed for each Joint Accountholder you wish to add.

Step 3. Photocopy the front and back of your driver's license or state ID.

- If other ID Verification options are needed, please call us at 1-800-347-7000.

Step 4. Submit the completed forms and documents to Discover® via your preferred method.

- **Online:** Go to Discover.com/bank, click on the "Help and Resources" dropdown, then select "Secure Document Upload" and follow the instructions.
- **By Mail:** Discover, PO Box 30416, Salt Lake City, UT 84130
- **By Fax:** 1-224-813-5220

All fields below are required to be populated in order to convert the account ownership, even if information has not changed. Illegible forms (dark background, unclear writing, etc.) will not be accepted.

If you would like to close the account, select the "Close Account" option at the top of the form. Section A (#1-#6 only) and Section B of the Custodial Account Conversion Form are required to process your request to close the account.

Important Information:

To open an account with us, each Accountholder must be a U.S. citizen, U.S. Resident Alien, or other U.S. person at least 18 years old and have a valid taxpayer ID and physical U.S. address.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record information that identifies each individual and entity that opens an account.

What this means for you: When opening an account, we may ask you to provide your name, address, Social Security number or other Taxpayer Identification Number ("TIN"), and other information that will help us to verify your identity. You may also be asked to provide a driver's license, state ID card or other identifying documents.

DISCOVER | **Custodial Account Conversion Form**

Account Number

☐ **Close Account** Upon closing the account, we will send account balance to the address provided for the accountholder below.

Section A: Accountholder Required Information

1. Last Name | First Name | MI

2. Date of Birth (Month/Day/Year) | 3. Social Security Number or Taxpayer ID

4. Mother's Maiden Name | 5. Email Address (optional)

6. Street Address (No PO Box) City State Zip Code

7. Citizenship *(Check only one)* ☐ U.S. Citizen ☐ U.S. Resident Alien *(Must be a U.S. Citizen or U.S. Resident Alien to be added as an Owner.)*

8. Country of Citizenship (*If U.S. Resident Alien*)

9. Primary Phone* ☐ Land Line ☐ Mobile | 10. Alternative Phone* ☐ Land Line ☐ Mobile

**You agree that Discover, its affiliates, and agents("Discover")may call you, including via text, about any current or future accounts or applications, with respect to all products you have with Discover at any phone number you provide. In addition, you agree Discover may contact you using an automatic dialer or pre-recorded voice message, even if your phone provider may charge you for calls or texts.*

11. Occupation | 12. Employer

13. Owner Employment Status *(Check only one)*

☐ Full Time ☐ Self-Employed ☐ Student ☐ Unemployed ☐ Part Time ☐ Homemaker ☐ Retired ☐ Other

Section B: Primary Accountholder Authorization

By signing below, I agree to abide by the terms of the Deposit Account Agreement, as may be amended from time to time, and to provide such information as Discover may require to maintain this Account. Except where noted, my Account and this Agreement are governed by Virginia and Federal law. If Virginia and Federal law are inconsistent, or if Virginia law is preempted by Federal law, then Federal law governs.

I am providing authorization to Discover under the Fair Credit Reporting Act to obtain information from my personal credit profile or other information. I further authorize Discover to obtain such information solely to confirm my identity.

14. Primary Accountholder Signature | Date

Section C: W-9 Certification

Under penalties of perjury, I certify that:

1. My Social Security number/Taxpayer ID is correct; 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 and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
3. I am a U.S. Citizen or other U.S. person.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA)

If you are presently subject to backup withholding because you have been notified by the IRS that you have failed to report all interest or dividends on your tax return, please draw a line through statement 2 above.

15. Primary Accountholder Signature | Date

See Page 1 for return instructions.

Section D: Joint Accountholder Required Information *(for the person that you would like to add to the account)*

16. Joint Accountholder Last Name | Joint Accountholder First Name | MI

17. Joint Accountholder Date of Birth (Month/Day/Year) | 18. Joint Accountholder Social Security Number or Taxpayer ID

19. Joint Accountholder Mother's Maiden Name | 20. Joint Accountholder Email Address (optional)

21. Joint Accountholder Street Address (No PO Box) City State Zip Code

22. Citizenship *(Check only one)* ☐ U.S. Citizen ☐ U.S. Resident Alien *(Must be a U.S. Citizen or U.S. Resident Alien to be added as a Joint Accountholder.)*

23. Country of Citizenship (*If U.S. Resident Alien*)

24. Primary Phone* ☐ Land Line ☐ Mobile | 25. Alternative Phone* ☐ Land Line ☐ Mobile

**You agree that Discover , its affiliates, and agents("Discover")may call you, including via text, about any current or future accounts or applications, with respect to all products you have with Discover at any phone number you provide. In addition, you agree Discover may contact you using an automatic dialer or pre-recorded voice message, even if your phone provider may charge you for calls or texts.*

26. Joint Accountholder Occupation | 27. Joint Accountholder Employer

28. Joint Accountholder Employment Status *(Check only one)*

☐ Full Time ☐ Self-Employed ☐ Student ☐ Unemployed ☐ Part Time ☐ Homemaker ☐ Retired ☐ Other

Section E: Accountholder Authorization *(Signature Required)*

By signing below, I request that the Joint Accountholder specified here be added to the Account indicated above. I understand that a Joint Accountholder, with the right of survivorship, owns the funds in the dedicated Account and has equal rights to the funds including withdrawing them and closing the Account.

29. Accountholder Name (Please Print) | 30. Accountholder Signature | 31. Date (Month/Day/Year)

Section F: Joint Accountholder Authorization *(Signature Required)*

By signing below, I agree to abide by the terms of the Deposit Account Agreement, as may be amended from time to time, and to provide such information as Discover may require to maintain this Account. Except where noted, my Account and this Agreement are governed by Virginia and Federal law. If Virginia and Federal law are inconsistent, or if Virginia law is preempted by Federal law, then Federal law governs. Under penalty of perjury, I certify that my listed Social Security or Taxpayer Identification number is correct. I am providing authorization to Discover under the Fair Credit Reporting Act to obtain information from my personal credit profile or other information. I further authorize Discover to obtain such information solely to confirm my identity.

32. Joint Accountholder Name (Please Print)	33. Joint Accountholder Signature	34. Date (Month/Day/Year)

See Page 1 for return instructions.