

Chase Secondary Pay Card *Plus* Enrollment Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR ADDING A SECONDARY CARDHOLDER TO YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who has access to an account. What this means for you: when you add a secondary cardholder to your account, you will be asked for the secondary cardholder's name, address, date of birth and other information that will allow him/her to be identified. Unless otherwise noted, all fields are required and must be filled in to process this application.

I. PRIMARY ACCOUNTHOLDER INFORMATION

PLEASE USE YOUR LEGAL NAME: FIRST NAME MI LAST NAME

PERMANENT ADDRESS (NO P.O. BOXES) CITY STATE ZIP

PAY CARD NUMBER OR ACCOUNT NUMBER

II. SECONDARY CARDHOLDER INFORMATION - for the person you wish to receive a secondary card. This person will have full access to your account.

PLEASE USE YOUR LEGAL NAME: FIRST NAME MI LAST NAME

PERMANENT ADDRESS (NO P.O. BOXES) CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT) CITY STATE ZIP

PRIMARY PHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER MOTHER'S MAIDEN NAME

UNITED STATES CITIZEN NON-UNITED STATES CITIZEN

If you are not a U.S. Citizen, please provide one or more of the following forms of identification. Fax or mail a copy of your identification with your enrollment form.

Please select a form of identification:

U.S. ALIEN ID CARD PASSPORT OTHER GOVERNMENT ISSUED ID

TYPE

COUNTRY OF ISSUANCE NUMBER EXPIRATION DATE (MM/DD/YYYY)

If you are 18 years old or under, you must provide verification for the following four identification fields: your name, address, date of birth and social security number. Verification can include a copy of your social security card, birth certificate, W-2, drivers license or permit, passport, state ID, voter's registration, and school or military ID.

I hereby acknowledge and authorize Chase to issue an additional Pay Card to the secondary cardholder listed above.

ACCOUNTHOLDER SIGNATURE DATE

Please fax or mail your completed, signed and dated enrollment form to Chase. Fax to **1-888-344-3796** or mail to: Chase, P.O. Box 30201, Tampa, FL 33620.

YOU WILL RECEIVE YOUR CHASE PAY CARD OR APPLICATION STATUS NOTIFICATION WITHIN 7-10 DAYS.

If you have any questions regarding your application status, please call **1-866-399-2976**.