

Make the change with us!

Change is easy with...



Your True Community Bank

Switching with us is as easy as one, two, three.

BEFORE WE MEET...

- Step 1** Review the accounts that we have to offer on page 2.
- Step 2** Print out and complete the attached pages that follow. *(print multiple copies if you would like to switch more than one account)*
- Step 3** Visit a Customer Service Representative at any of our four Putnam State Bank locations to complete the switch. ***It's that simple!***

WHEN YOU ARRIVE...

- *Bring all of your original paperwork with you.*
- *Be sure to bring your original identification detailed on the bottom of page 4.*
- *If you want to authorize a Direct Deposit or an Automatic Payment, be sure to fill out and bring that paperwork as well, we will take care of the rest.*

UPON APPROVAL, A FORMAL SIGNATURE CARD AND ACCOUNT DISCLOSURES WILL NEED TO BE PREPARED AND EXECUTED PRIOR TO ACCOUNT OPENING.

PALATKA
Phone: (386) 328-5600
Fax: (386) 325-0885
350 North State Road 19
Palatka, FL 32177

ST. AUGUSTINE NORTH
Phone: (904) 825-4555
Fax: (904) 825-0023
2300 North Ponce de Leon Blvd.
St. Augustine, FL 32084

ST. AUGUSTINE SOUTH
Phone: (904) 797-8840
Fax: (904) 797-1824
3275 U.S. 1 South
St. Augustine, FL 32086

FLAGLER
Phone: (386) 586-6190
Fax: (386) 437-6931
4750 E. Moody Blvd., Ste. 107
Bunnell, FL 32110

www.putnamstatebank.com

Personal Banking

Relationship FREE Checking

- \$100 minimum opening deposit
- Interest earned on daily balances \geq \$1,000, rate increases \geq \$2,000
- Introductory 20 check pack FREE
- No monthly service charge

Partners Gold Checking

- \$100 minimum opening deposit
- For individuals 50 and over
- Interest earned on daily balances \geq \$1,000
- FREE specialty mint checks
- No monthly service charge

Partners Student Checking

- \$50 minimum opening deposit
- For individuals 16 to 25
- Non-interest bearing account
- No monthly service charge

Money Market Checking

- \$2,000 minimum opening deposit
- Tiered interest rates
- No monthly service charge for daily balance of \$2,000 or more

Regular Savings

- \$100 minimum opening deposit
- Interest paid quarterly
- No monthly service charge

Minor Savings

- \$25 minimum opening deposit
- Interest paid quarterly
- No monthly service charge

Christmas Club Savings

- No minimum opening deposit
- Non-interest bearing account
- No monthly service charge
- Deposits may be made from another Putnam State Bank account

Certificates of Deposit

& IRA's

- CD's minimum opening \$1,000
- IRA's minimum opening \$250
- See rate sheets for rate and term information
- Early withdrawal penalties apply

See a Customer Service Representative for additional product information and official bank disclosures.

Products are effective May 15, 2011.

- FREE Online Banking
- FREE Online Bill Pay
- FREE Visa Check Card
- FREE Night Drop Access
- Competitive Rates

Change is easy...

How would you like the Account titled? *(please print)*

What type of Account would you like us to open for you?

PERSONAL ACCOUNTS

- | | |
|---|---|
| <input type="checkbox"/> Relationship Free Checking | <input type="checkbox"/> Minor Savings |
| <input type="checkbox"/> Partners Gold Checking | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Partners Student Checking | Term: _____ |
| <input type="checkbox"/> Money Market Checking | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Regular Savings | Term: _____ |

This Account will be held as:

- Single Party Account
- Multiple Party Account (more than one owner/signer)
- Multiple Party Account-Tenancy by the Entireties (husband/wife)
- Trust – Separate Agreement dated: _____
- Other: _____

Would you like to name a Pay on Death Beneficiary on this account? Yes No

<i>Beneficiary Name</i>	<i>Relationship</i>	<i>Contact Number</i>	<i>Percentage</i>
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(Total of all Beneficiary Percentages must equal 100%)

Please check any additional financial tools you might need in relation to your new account:

- | | |
|---|--|
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Online Bill Payment Services | <input type="checkbox"/> Overdraft Protection |
| <input type="checkbox"/> Automatic Deposit | <input type="checkbox"/> Incoming / Outgoing Wire Services |
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> Auto Loan |
| <input type="checkbox"/> VISA Debit Card | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Credit Card | |

Change is easy...

Individual Signer Information (please print)

Full Name: _____ SSN#: _____

Home Ph: _____ Work Ph: _____ Cell: _____

Physical Address *City* *State* *Zip*

Mailing Address *City* *State* *Zip*

Birth Date: _____ Email Address: _____

Occupation: _____ Employer: _____

Please give us a Name and Phone Number of someone who will always know your location.

Contact Name *Contact Number*

Joint Signer Information (please print)

Full Name: _____ SSN#: _____

Home Ph: _____ Work Ph: _____ Cell: _____

Physical Address *City* *State* *Zip*

Mailing Address *City* *State* *Zip*

Birth Date: _____ Email Address: _____

Occupation: _____ Employer: _____

Please give us a Name and Phone Number of someone who will always know your location.

Contact Name *Contact Number*

NOTE : A photo-copy of one primary and one secondary ID must accompany this paperwork for EACH signer when returned. (see acceptable ID types below)

Primary Identification

Valid Drivers License
Valid state ID Card
Valid Military ID
Passport
US Alien Registration Card

Secondary Identification

Social Security Card
Voters Registration
Health Insurance Card
Non US Persons Government Issued ID
Credit Card (no copy taken; verified by bank rep in person)

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

(COMPLETE A SEPARATE FORM FOR EACH DIRECT DEPOSIT)



To: _____ Account #: _____
(name of entity depositing to your account) *(if applicable)*

Address: _____
(address of entity depositing to your account)

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Account holder name: _____ Social Security #: _____

Account holder address: _____

Effective immediately, I authorize direct deposit into my new checking account at Putnam State Bank.

My new checking account number is: _____ The new ABA routing number is: 063113219

Amount to be deposited Entire net pay Specific amount of \$ _____

Signature: _____ Date: _____ Member FDIC • Equal Housing Lender

This easy-to-use form is part of Putnam State Bank's Switch Kit and is provided as a convenient service to customers who have recently switched. Rev.05/15/11

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AUTHORIZATION TO CHANGE MY AUTOMATIC PAYMENT

(COMPLETE A SEPARATE FORM FOR EACH AUTOMATIC PAYMENT)



To: _____ Account #: _____
(payee name: utility, mortgage lender, or other organization you wish to pay automatically from your new checking account)

Address: _____
(payee address)

I plan to close my checking account at: _____ Account #: _____
(name of old financial institution)

Account holder name: _____ Social Security #: _____

Account holder address: _____

Effective immediately, I authorize automatic payment from my new checking account at Putnam State Bank.

My new checking account number is: _____ The new ABA routing number is: 063113219

I have attached a voided check to verify the new account information.

Signature: _____ Date: _____ Member FDIC • Equal Housing Lender

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Address: _____
(payee address)

I plan to close my checking account at: _____ Account #: _____
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Account holder name: _____ Social Security #: _____

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