

Money Market Acceptance Form (High Yield Money Market and Rewards Money Market)

Account Number: _____

Account Type: _____

ACCOUNT ACCESS SELECTIONS

I would like to receive an ATM Card

I would like to receive a checkbook

ATM Cards are only available for individual, joint & sole proprietorship accounts & can only be issued to the first two account owners

ACCOUNT OWNER INFORMATION

Information about procedures for opening a new 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 opens an account. What this means to you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you.

1. For custodian accounts enter Minor in 1 and Adult in 2

Owner's Name	Owner's SSN	Owner's Date of Birth
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Owner's Physical Address

Owner's City	Owner's State	Owner's Zip
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2.

Co-Owner's Name	Co-Owner's SSN	Co-Owner's Date of Birth
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Co-Owner's Physical Address

Co-Owner's City	Co-Owner's State	Co-Owner's Zip
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3.

Co-Owner's Name	Co-Owner's SSN	Co-Owner's Date of Birth
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Co-Owner's Physical Address

Co-Owner's City	Co-Owner's State	Co-Owner's Zip
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4.

Co-Owner's Name	Co-Owner's SSN	Co-Owner's Date of Birth
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Co-Owner's Physical Address

Co-Owner's City	Co-Owner's State	Co-Owner's Zip
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Account Number: _____

ACCOUNT ACCESS SELECTIONS - BENEFICIARY INFORMATION

* Beneficiaries are not allowed on Trust, Commercial or Custodian accounts. If beneficiaries were provided earlier during the application process, they must also be included on this form.

1.

Beneficiary's Name	Beneficiary's SSN
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2.

Beneficiary's Name	Beneficiary's SSN
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3.

Beneficiary's Name	Beneficiary's SSN
--------------------	-------------------

4.

Beneficiary's Name	Beneficiary's SSN
--------------------	-------------------

5.

Beneficiary's Name	Beneficiary's SSN
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6.

Beneficiary's Name	Beneficiary's SSN
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ADDITIONAL INFORMATION

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- 1. The number shown 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 (defined in the instructions).
- **You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 the funds on deposit.

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

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Agreement to Terms

I (We) agree to be bound by the Capital One Account Agreement and terms and conditions described in the account agreement, including any and all amendments thereto. You have authorized Capital One to complete the opening of this account upon receipt of this form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature	Date	Owner's Signature	Date
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Owner's Signature	Date	Owner's Signature	Date
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*If you would like to receive instructions or information on Taxpayer Identification Number Certification or how to apply for a Taxpayer Identification Number, please write us at Capital One Bank, P.O. Box 180, St. Cloud, MN 56302-0180.
Customer Service Line: 1-888-810-4013, Monday through Friday, 8 a.m. to 7 p.m. Eastern Time.