

Minor Account Instruction Form

INSTRUCTIONS: Complete all applicable fields, including required signatures, and return by **fax:** 1-866-464-5112 or **mail:** to Capital One, P.O. Box 360, Wilmington, DE 19899.

I certify and agree that:

1. I, _____, am the Parent or Guardian of:

Minor Customer: _____
(print minor customer's full name)

Minor's date of birth: _____

2. I request (check the applicable box or boxes):

To be added as a joint holder to any 360 Savings[®], CDs or Kids Savings Accounts[®]. I'm an existing Capital One 360[®] customer and my Username (Saver ID)/Customer Number is: _____

To be added to any 360 Savings, CD or Kids Savings Accounts. I'm not an existing Capital One 360 customer, so I completed the "New Joint Account Holder Form" required for non-customers.

To close any other Capital One 360 accounts and have the balance sent by check payable to the minor customer at the following address (Please note, this is the only option for MONEY accounts):

Signature: _____ Date: _____

NOTARIAL ACKNOWLEDGEMENT

State of: _____ County of: _____

This Instruction Form was sworn to and acknowledged before me on this _____ day of _____, 20 _____, by the individual named above.

Notary Public Signature: _____



Check out capitalone360.com for more information.

