



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 for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documentation. In all cases, protection of your identity and confidentiality is our pledge to you.

☐ New Customer ☐ Existing Customer

Consumer New Account Application

Account Type: ☐ Individual Checking ☐ Silver Star ☐ Gold Star ☐ NOW Account ☐ College ☐ Teen
☐ Savings ☐ Money Market ☐ Premium Money Market ☐ Safe Deposit Box
☐ CD ☐ IRA: Term _____ Rate _____ ☐ Reinvest ☐ Mail Check ☐ Internal Transfer ☐ ACH Transfer (Form)
☐ CD ☐ IRA: Term _____ Rate _____ ☐ Reinvest ☐ Mail Check ☐ Internal Transfer ☐ ACH Transfer (Form)

Account Ownership: ☐ "SELECTION FORM NOTICE" completed ☐ Other _____

Anticipated Monthly Activity: ☐ > \$1,000 in Cash Deposits ☐ Purchase Cashier Checks > \$1,000 ☐ Domestic Wires
☐ Foreign Wires: Country(s) _____
☐ Use Mobile Banking ☐ Open Safe Deposit Box ☐ None of these

Account Owners/Signers:

Signer 1 Name: _____ SSN/TIN _____ DOB _____
Driver's License # _____ State _____ Issue Date _____ Expiration Date _____
Physical Address: _____ US Citizen? Y or N: Country _____
Mailing Address: _____ **Call In Closing Code** _____
Home Phone: _____ Cell Phone: _____ Email: _____
Employer/Retired From: _____ Position/Title Held: _____ Business Phone: _____

Signer 2 Name: _____ SSN/TIN _____ DOB _____
Driver's License # _____ State _____ Issue Date _____ Expiration Date _____
Physical Address: _____ US Citizen? Y or N: Country _____
Mailing Address: _____ **Call In Closing Code** _____
Home Phone: _____ Cell Phone: _____ Email: _____
Employer/Retired From: _____ Position/Title Held: _____ Business Phone: _____

Beneficiaries:

Name 1: _____ SSN: _____ DOB: _____ Relationship _____ Percent: _____
Name 2: _____ SSN: _____ DOB: _____ Relationship _____ Percent: _____
Name 3: _____ SSN: _____ DOB: _____ Relationship _____ Percent: _____
Name 4: _____ SSN: _____ DOB: _____ Relationship _____ Percent: _____

Bank Use Only: Opening Date: _____ Account #: _____ Elec Mkting: Y N Opened by/Branch: _____
Opening Amount: _____ If \$0 opening deposit, give reason: _____ New Funds? ☐ Yes ☐ No
Hold on Opening Deposit? ☐ Yes ☐ No Length of Hold: _____ EFunds: ☐ Yes If No, Reason _____
Phone #s Verified: ☐ Yes If No, why not: _____ Welcome Letter Sent ☐ Yes If No, why not: _____
Comments/Special Instructions: _____