

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 Account Application**

Account Type:  Personal: □ Individual Checking □ Silver Star □ Gold Star □ NOW Account □ Savings □ Money Market □ SDB □ CD: (Term Rate □ Reinvest □ Transfer □ Mail Check) □ IRA: (Term: Rate □ Reinvest □ Transfer □ Mail Check)  Business: □ Business Checking □ Business Interest Checking □ Commercial Savings □ Commercial Money Market □ SDB	
□ CD: (Term Rate □ Reinvest □ Transfer □	,
Account Ownership: Personal: □ Individual □ Individual w/POD: Beneficiary	☐ Joint w/o Survivorship ☐ Joint w/Survivorship
☐ Joint w/Survivorship & POD: Beneficiary	□ UTMA □ Estate □ Trust
Business: ☐ Sole Proprietor ☐ Corporation: (☐ For Profit ☐ Not for Profit) ☐ Limited Liability Company ☐ Partnership	
☐ Limited Partnership ☐ Limited Liability Partnership ☐ Unincorporated Association: (☐ For Profit ☐ Not for Profit)	
Nature of Business:	County and State of Organization:
Anticipated Account Activity: Responses Required    Wires (   Domestic   Foreign: Country(s))    ACH (   Received   Sent)   Cash Deposits (   10 or more/Mo   Over \$2500 or more/Mo)    Is the Customer involved in Internet Gambling?   Yes   No Customer Initial X	
Account Owners/Signers:	
Owner □ Signer □ Name:	SSN/TINDOB
DL State/#/Exp Date	US Citizen? Y or N: Country Cell Phone:
Physical Address:	Home Phone:
Mailing Address:	Business Phone:
Employer:	Position/Title Fax Number:
Owner □ Signer □ Name:	
DL State/#/Exp Date	JS Citizen? Y or N: Country Cell Phone:
Physical Address:	Home Phone:
Mailing Address:	Business Phone:
Employer:	Position/Title Fax Number:
Owner  Signer  Name:	SSN/TINDOB
DL State/#/Exp Date	JS Citizen? Y or N: Country Cell Phone:
	Home Phone:
	Business Phone:
	Position/Title Fax Number:
Home Phone(s) Verified: ☐ Yes ☐ No Business Ph	ount #:Opened by/Branch: one(s) Verified:
Hold on Opening Deposit?   No Length of Hold:  Comments/Special Instructions:	