

PERSONAL NEW ACCOUNTS APPLICATION

Opening Amount: _____ New Existing Date: _____

Branch Number: _____ Officer: _____ Due by: _____

Type of Account

- Non-Interest Checking Employee Checking NOW Account Savings
 Personal MMA Health Savings Safe Deposit Box

CD IRA Rate: _____ Term: _____ Maturity Date: _____
 Interest Payable: Monthly Quarterly Semi Annually Annually At Maturity
 Pay Interest By: Check Deposit to Acct #: _____ ACH Capitalize

Account Title: _____

Physical Address: _____

Alternate Address: _____
 (If Different From Above) All Accounts Specific Accounts

Phone Number: _____ Email: _____ Website: _____

Purpose of Account: _____

<p>Customer 1 <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>Ownership Type: <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> POD <input type="checkbox"/> Minor <input type="checkbox"/> Custodian <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other _____</p> <p>Full Name: _____</p> <p>Physical Address: _____</p> <p>Alternate Address: _____ <input type="checkbox"/> All Accounts <input type="checkbox"/> Specific Accounts</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>ID Type and State: _____</p> <p>Identification #: _____ (Photocopy Required)</p> <p>Issue Date: _____</p> <p>Expiration Date: _____</p> <p>Home Phone#: _____</p> <p>Mobile Number: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Title: _____</p> <p>Work Phone #: _____</p> <p>Previous Financial Institution: _____</p>	<p>Customer 2 <input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>Ownership Type: <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> POD <input type="checkbox"/> Minor <input type="checkbox"/> Custodian <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other _____</p> <p>Full Name: _____</p> <p>Physical Address: _____</p> <p>Alternate Address: _____ <input type="checkbox"/> All Accounts <input type="checkbox"/> Specific Accounts</p> <p>Social Security #: _____</p> <p>Date of Birth: _____</p> <p>ID Type and State: _____</p> <p>Identification #: _____ (Photocopy Required)</p> <p>Issue Date: _____</p> <p>Expiration Date: _____</p> <p>Home Phone#: _____</p> <p>Mobile Number: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Title: _____</p> <p>Work Phone #: _____</p> <p>Previous Financial Institution: _____</p>
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Federal Regulations require that the Bank have on file verification of customer's Identification. Please attach a copy.

- Online Banking Treasury Services Order Stamp Order Checks Order Deposit Tickets Order Debit Card

Customer 1 New Existing

Ownership Type: Single Joint POD Minor
 Custodian Beneficiary Other _____

Full Name: _____

Physical Address: _____

Alternate Address: _____
 All Accounts Specific Accounts

Social Security #: _____

Date of Birth: _____

ID Type and State: _____

Identification #: _____
(Photocopy Required)

Issue Date: _____

Expiration Date: _____

Home Phone#: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Title: _____

Work Phone #: _____

Previous Financial Institution: _____

Customer 2 New Existing

Ownership Type: Single Joint POD Minor
 Custodian Beneficiary Other _____

Full Name: _____

Physical Address: _____

Alternate Address: _____
 All Accounts Specific Accounts

Social Security #: _____

Date of Birth: _____

ID Type and State: _____

Identification #: _____
(Photocopy Required)

Issue Date: _____

Expiration Date: _____

Home Phone#: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Title: _____

Work Phone #: _____

Previous Financial Institution: _____

To Be Completed by Officer / Administrative Assistant

What type of transactions do you anticipate monthly?

Cash: Yes No Amount In: _____ Amount Out: _____

Wires: Yes No Amount In: _____ Amount Out: _____

Will You Purchase Cashier's Checks or Other Monetary Instruments? Yes No

Risk Assessment:

Address: _____ SSN/EIN: _____ ID: _____ Relationship: _____ Total Risk Rating: _____

Shareholder Director Advisory Director Officer Employee

Service Charge: Yes No

To Be Completed by Financial Services Representative

Account Number: _____

Opened by: _____

Date: _____

Verified by: _____

Date: _____

Scanned By: _____

Date: _____