

Important 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 for You: When you open an account, we will ask you 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 documents.

PERSONAL ACCOUNT APPLICATION:

Type of Account(s) Applying for: **Checking** **Savings** **Youth Savings** **CD**

Primary Account Owner: _____ Social Security or Tax ID # _____

Date of Birth: _____ Driver's License or ID # _____ Exp. Date _____

Physical Street Address _____

Mailing Address if different from above: _____

Phone # (home, cell, work) _____ Email: _____

Employer Name & Address: _____

City Born In: _____ Mother's Maiden Name: _____

Co-Account Owner: _____ Social Security or Tax ID # _____

Date of Birth: _____ Driver's License or ID # _____ Exp. Date _____

Physical Street Address _____

Mailing Address if different from above: _____

Phone # (home, cell, work) _____ Email: _____

Employer Name & Address: _____

City Born In: _____ Mother's Maiden Name: _____

Please answer the following:

Has any applicant, at any time during the past twelve months, maintained any Transaction Account? Yes No If yes, complete the following: Name and Location of financial institution: _____

Is or was the account in good standing? Yes No If not, have you had a previous account in good standing within the last five years that was voluntarily closed? Yes No If yes, please provide the name and location of the financial institution the account was located: _____

At any time during the past twelve months, has any bank or financial intermediary closed a transaction account without your consent? Yes No If yes, what was the reason for the closure? _____

Are you a Politically Exposed Person (PEP)? Yes No

Have you been convicted of a criminal offense involving the use of a check or similar item within the past twenty-four (24) months? Yes No

YOU ARE ADVISED THAT IF YOU MAKE ANY FALSE MATERIAL STATEMENT WHICH YOU DO NOT BELIEVE IS TRUE WITH RESPECT TO ANY INFORMATION ON THIS APPLICATION, YOU ARE GUILTY OF PERJURY.

Everything that I have stated in this Application is correct to the best of my/our knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my/our credit, previous account relationships, closures and history to answer questions about a Deposit relationship with me/us.

Signature of Primary Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____