

### 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 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.

### IMPORTANT: Read these directions application

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all sections except B.
- If this is an application for joint credit with another person, complete all Sections, providing information in Section B about the joint applicant and initial here. **We intend to apply for joint credit.** \_\_\_\_\_ **Applicant's Initials** \_\_\_\_\_ **Joint Applicant's Initials**
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance, or on the assets of another person for repayment of the credit requested, complete all sections, providing information in Section B about the person upon whose alimony, support, or maintenance payments or income or assets you are relying.
- If the requested credit is to be secured, then complete Section F.

| Amount Requested | Terms | Pmt Date | Purpose | Officer |
|------------------|-------|----------|---------|---------|
|                  |       |          |         |         |

### SECTION A - APPLICANT - Please Print

|  |  |  |  |              |               |                               |  |          |
|--|--|--|--|--------------|---------------|-------------------------------|--|----------|
| Last Name  |  | First Name                               |  | Middle Init. | Date of Birth | Social Security #             |  | Phone    |
| Driver's License or Identification #   |  | Issuing State/Agency                     |  | Issue Date   | Expire Date   | No. of Dependents / Ages<br>/ |  |          |
| Home Physical Address (House #, Street, City, State, Zip code)                                     |  |  |  |              |               |                               |  | How Long |
| Home Mailing Address - if different from physical address (House #, Street, City, State, Zip code) |  |  |  |              |               |                               |  |          |
| Previous Home Address - (House #, Street, City, State, Zip code)                                   |  |  |  |              |               |                               |  | How Long |
| Current Employer   |  | Employer Address (City, State, Zip code) |  |              |               | Position                      |  | How Long |
| Email Address  |  |  |  | Work Phone   |               | Cell Phone                    |  |          |

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.*

| Sources of Income       | Annual Gross | Net Per Month | Name, Address & Phone of nearest relative not living with you |
|-------------------------|--------------|---------------|---|
| Salary                  |              |               |   |
| Other Income:           |              |               |   |
| Source of Other Income: |              |               |   |
| <b>TOTAL</b>            |              |               |   |

### SECTION B - APPLICANT OR OTHER PARTY - Please Print

|  |  |  |  |              |               |                               |  |          |
|--|--|--|--|--------------|---------------|-------------------------------|--|----------|
| Last Name  |  | First Name                               |  | Middle Init. | Date of Birth | Social Security #             |  | Phone    |
| Drivers License or Identification #  |  | Issuing State/Agency                     |  | Issue Date   | Expire Date   | No. of Dependents / Ages<br>/ |  |          |
| Home Physical Address (House #, Street, City, State, Zip code)                                     |  |  |  |              |               |                               |  | How Long |
| Home Mailing Address - if different from physical address (House #, Street, City, State, Zip code) |  |  |  |              |               |                               |  |          |
| Previous Home Address - (House #, Street, City, State, Zip code)                                   |  |  |  |              |               |                               |  | How Long |
| Current Employer   |  | Employer Address (City, State, Zip code) |  |              |               | Position                      |  | How Long |
| Email Address  |  |  |  | Work Phone   |               | Cell Phone                    |  |          |

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|-------------------------|--------------|---------------|---|
| Salary                  |              |               |   |
| Other Income:           |              |               |   |
| Source of Other Income: |              |               |   |
| <b>TOTAL</b>            |              |               |   |

