



New Account Information Sheet

IMPORTANT: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Account Type (choose one)

__ Freedom __ Interest __ Shield __ Gold __ Money Market __ Savings __ Young Savers __ Christmas Club

Ownership Of Account (choose one)

____ Individual ____ Trust ____ Joint (Survivorship) ____ Joint (No Survivorship) ____ UTMA ____ Other

Account Owner

First Name: _____ MI: _____ Last Name: _____

Physical Address: _____

(Must be provided. Cannot be a post office box)

Mailing Address: _____

City, State, Zip: _____

Social Security Number: _____ DOB: _____

Are you a US Citizen ____ If no, what country are you a citizen of? _____

Home Phone: _____ Cell Phone: _____ Other: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Email Address: _____

Employer: _____ Phone Number: _____

Occupation: _____ Time at present employment: _____

Joint Owner / Authorized Signer

First Name: _____ MI: _____ Last Name: _____

Physical Address: _____

(Must be provided. Can not be a Post Office Box)

Mailing Address: _____

City, State, Zip: _____

Social Security Number: _____ DOB: _____

Are you a US Citizen ____ If no, what country are you a citizen of? _____

Home Phone: _____ Cell Phone: _____ Other: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Email Address: _____

Employer: _____ Phone Number: _____

Occupation: _____ Time at present employment: _____

Do you want to add a beneficiary to this account?

Name(s)	Relationship	SSN	DOB
_____	_____	_____	_____

Anticipated Account Activity (check all that apply)

- Cash Deposits ACH Withdrawals
- Cash Withdrawals ATM Withdrawals
- Check Deposits Will you send wire transfers? If yes, Domestic _____ Foreign _____
- ACH Deposits Will you receive wire transfers? If yes, Domestic _____ Foreign _____

Applicant's Signature _____ Date _____ Authorizer Signer _____ Date _____

Joint Applicant's Signature _____ Date _____ Authorizer Signer _____ Date _____