

PERSONAL ACCOUNT APPLICATION New Revised

Account #: _____

Account Title: _____

OWNER INFORMATION**Name:** _____ New Existing # _____**(Must match documentation provided, including middle name)**

Type of Account Requested: _____

Opening Deposit Amount: _____ Opening Source: Cash Check Other _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Mailing Address: _____

(If different)

Employer: _____ Occupation: _____

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Email Address: _____ NAICS Code: _____

Previous Banking Relationship: _____

Visa Check Card: Yes No Online Banking: Yes No Bill Pay: Yes NoWould you like to order checks? Yes No If YES, what kind? Business Size Personal Size Wallet Duplicate**ADDITIONAL OWNER INFORMATION****Name 2:** _____ New Existing # _____**(Must match documentation provided, including middle name)**

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Employer: _____ Occupation: _____

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Email Address: _____ NAICS Code: _____

Previous Banking Relationship: _____

Visa Check Card: Yes No Online Banking: Yes No Bill Pay: Yes No**Name 3:** _____ New Existing # _____**(Must match documentation provided, including middle name)**

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Employer: _____ Occupation: _____

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Email Address: _____ NAICS Code: _____

Previous Banking Relationship: _____

Visa Check Card: Yes No Online Banking: Yes No Bill Pay: Yes No

As part of our ongoing efforts to ensure compliance with the regulatory guidance, the following questions MUST be answered. We appreciate your assistance in providing this information.

How did you hear about us? Newspaper Magazine Radio TV Billboard Word of Mouth
 Drive-By Employee _____ Other _____

What is the purpose for this account? _____

No Changes – Signer Revisions Only CD Account – Skip to Citizenship question on page 3

What type of deposits do you expect on a monthly basis? (Check all that apply) None

Cash Checks Domestic Funds Transfers International Funds Transfers ACH Internal Transfers

What would the dollar range be for CASH deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for CHECK deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for DOMESTIC FUNDS TRANSFER deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for INTERNATIONAL FUNDS TRANSFER deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

From what country(ies)?: _____

What would the dollar range be for ACH deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for INTERNAL TRANSFERS?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What type of withdrawals do you expect on a monthly basis? (Check all that apply) None

Cash Checks Domestic Funds Transfers International Funds Transfers ACH Internal Transfers

What would the dollar range be for CASH withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for CHECKS written?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for DOMESTIC FUNDS TRANSFER withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for INTERNATIONAL FUNDS TRANSFER withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

To what country(ies)? _____

What would the dollar range be for ACH withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for INTERNAL TRANSFERS?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

Will you have the following recurring or routine activity exceeding \$5,000 in a day?

Currency Deposit or Withdrawal:

Yes No

Incoming / Outgoing Domestic Funds Transfers:

Yes No (If YES, obtain a Funds Transfer Agreement)

Incoming / Outgoing International Funds Transfers:

Yes No (If YES, obtain a Funds Transfer Agreement)

If YES, please explain: _____

Is each signer a US Citizen? Yes – skip question A & B No – answer question A OR B

A. Are you a Resident Alien, with an issued Resident Alien Card or “Green Card?” If so, provide a copy of the card with proof of address, which could be a Texas DL/ID or any of the other approved documentation.

A1) What country are you a citizen of? _____

OR

B. Are you a Non-Resident Alien? If so, provide a copy of passport from country of citizenship along with proof of address which could be a Texas DL/ID or any of the other approved documentation and obtain a signed W8BEN. (A SSN or ITIN is required for all accounts.)

B1) What country are you a citizen of? _____

Have you or any owners ever been a Foreign Political Leader or connected to the government of a foreign country?

Yes No

Do any owners have relatives or close associates that are now or have been connected to the government of a foreign country?

Yes No

Have any owners ever been a Domestic Political Leader or connected to the government?

Yes No

Do any owners have relatives or close associates that are now or have been connected to the government?

Yes No

I authorize this financial institution to check all listed signers bank history via ChexSystems and/or employment history should it be deemed necessary.

X _____ Date: _____

(Signature of Primary Owner)

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 will ask to see your driver’s license or other identifying documents.

UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE

INSTRUCTIONS: The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following accounts. Select one of the following account types by placing your initials to the left of the account selected.

ALL ACCOUNT OWNERS MUST INITIAL THE SAME LINE BELOW TO SELECT ONE ACCOUNT.

_____ **1. SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (PAYABLE ON DEATH) DESIGNATION**

The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy.

Enter the name of the party:

_____ **2. SINGLE-PARTY ACCOUNT WITH "P.O.D." (PAYABLE ON DEATH) DESIGNATION**

The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate.

Enter the name of the party:

Enter the name or names of the P.O.D. beneficiaries:

1. Name: _____ DOB: _____ Relationship: _____

2. Name: _____ DOB: _____ Relationship: _____

3. Name: _____ DOB: _____ Relationship: _____

4. Name: _____ DOB: _____ Relationship: _____

_____ **3. MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP**

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy.

Enter the name of the parties:

_____ **4. MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP**

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties.

Enter the name of the parties:

5. MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND P.O.D (PAYABLE ON DEATH) DESIGNATION

The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D. beneficiaries.

Enter the name of the parties:

Enter the name or names of the P.O.D. beneficiaries:

1. Name: _____ DOB: _____ Relationship: _____
2. Name: _____ DOB: _____ Relationship: _____
3. Name: _____ DOB: _____ Relationship: _____
4. Name: _____ DOB: _____ Relationship: _____

I acknowledge that I have read each paragraph of this Notice, and have placed my initials to the left of the account type I want.

_____ Customer's Signature	_____ Customer's Printed Name	_____ Date
_____ Customer's Signature	_____ Customer's Printed Name	_____ Date
_____ Customer's Signature	_____ Customer's Printed Name	_____ Date
_____ Customer's Signature	_____ Customer's Printed Name	_____ Date

Office Use Only: Style of Account: _____ Account Number: _____ Date: _____
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AFFIDAVIT OF IDENTITY

- Affidavit of Identity is to be used and notarized in the event that an Owner/Signer or Beneficial Owner is not present at the time of opening the account.

STATE OF _____

COUNTY OF _____

BEFORE ME THE FOLLOWING AFFIANT APPEARED _____, ON THE

_____ DAY OF _____, 201_____ PROVEN TO ME BY THE FOLLOWING VALID

IDENTIFICATION, WHICH A COPY HAS BEEN ATTACHED:

INSTRUMENT TYPE _____

INSTRUMENT NUMBER _____

INSTRUMENT EXPIRATION DATE _____

SIGNATURE OF AFFIANT: _____

NOTARY PUBLIC FOR THE STATE OF _____
COMMISSION EXPIRES _____

SEAL

For bank use only:

VERIFICATION OF IDENTITY

- Verification of Identity is to be used when bank personnel go to visit the customer to obtain a copy of their identification.

BEFORE ME APPEARED _____, ON THE _____ DAY OF _____

_____, 201_____ PROVEN TO ME BY A VALID IDENTIFICATION, WHICH A COPY HAS BEEN

ATTACHED AND THEIR SOCIAL SECURITY NUMBER _____

ACKNOWLEDGED BY: _____