

**Personal Deposit Account Application**  
 Checking, Savings, Money Market, or Certificate of Deposit

**Account Title - Name of Trust** (if applicable)

|  |
|--|
|  |
|--|

| <b>Account Owner</b> | <b>Account Owner</b> |
|----------------------|----------------------|
|----------------------|----------------------|

|            |        |      |            |        |      |
|------------|--------|------|------------|--------|------|
| First Name | Middle | Last | First Name | Middle | Last |
|------------|--------|------|------------|--------|------|

|         |                  |         |                  |
|---------|------------------|---------|------------------|
| SSN/TIN | DOB (mm/dd/yyyy) | SSN/TIN | DOB (mm/dd/yyyy) |
|---------|------------------|---------|------------------|

|  |  |
|--|--|
| Physical Address (No P.O. Box Address) | Physical Address (No P.O. Box Address) |
|--|--|

|  |  |
|--|--|
| Mailing Address (if different than physical address) | Mailing Address (if different than physical address) |
|--|--|

|            |            |            |            |
|------------|------------|------------|------------|
| Home Phone | Cell Phone | Home Phone | Cell Phone |
|------------|------------|------------|------------|

|  |  |
|--|--|
| Email Address (required if requesting online account access) | Email Address (required if requesting online account access) |
|--|--|

**Identification** (Government issued driver's license, State ID, or Passport)

| Issuer | Type | Number | Issue/Expiration Date |
|--------|------|--------|-----------------------|
|--------|------|--------|-----------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Employment**

|  |  |
|--|--|
| Employer Name (if retired list your last occupation) | Employer Name (if retired list your last occupation) |
|--|--|

|                             |                             |
|-----------------------------|-----------------------------|
| Work Phone Number/Extension | Work Phone Number/Extension |
|-----------------------------|-----------------------------|

**If you would like to designate any Beneficiaries on this account list below:**

|                                |                     |               |
|--------------------------------|---------------------|---------------|
| Beneficiary 1 Name and address | Social Security No. | Date of Birth |
|--------------------------------|---------------------|---------------|

|                                |                     |               |
|--------------------------------|---------------------|---------------|
| Beneficiary 2 Name and address | Social Security No. | Date of Birth |
|--------------------------------|---------------------|---------------|

**Select the type of account(s) you wish to open**

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Simple Checking  | <input type="checkbox"/> 50+ Checking | <input type="checkbox"/> Super Now Account | <input type="checkbox"/> Money Market           |
| <input type="checkbox"/> Premium Checking | <input type="checkbox"/> NOW Account  | <input type="checkbox"/> Savings           | <input type="checkbox"/> Certificate of Deposit |

**Additional Services**

|   |   |
|---|---|
| <input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> Online Banking |
|---|---|

**Signatures**

Each of the undersigned Applicant(s) identified hereby agrees and certifies that all the information on this Application is true and correct to the best of his/her knowledge. Each applicant also authorizes the Bank to verify the employment and/or credit history of each of the undersigned as the Bank deems necessary.

X \_\_\_\_\_  
 Applicant Date

X \_\_\_\_\_  
 Co-Applicant Date

**Uniform Single-Party or Multiple-Party Account Selection Form must accompany your application. Verification of Identification and Signatures will be required before account can be opened. Also See Account Document Checklist.**

## 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. You will may not control the disposition of funds held in some of the following accounts. You may choose to designate one or more convenience signers on an account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee.

**Select one of the following accounts by placing your initials to the left of the account you selected:**

- \_\_\_\_\_ (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:

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Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

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- \_\_\_\_\_ (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:

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

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Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

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- \_\_\_\_\_ (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 names of the parties:

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Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

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\_\_\_\_\_ (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 names of the parties:

\_\_\_\_\_

\_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (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 names of the parties:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

**For Bank Use Only:**

Account Number \_\_\_\_\_



## Account Document Checklist

Please help us provide you with the best possible service. Bring the following items with you:

| Sole Proprietors  |   | Trust  |  |
|---|---|--------|--|
|   | Social Security Number  |        | EIN or SSN of Grantor                                |
|   | DBA filed with County Clerk - Business License (if applicable)  |        | Trust Agreement                                      |
| Limited Liability Company   |   |        |  |
|   | LLC Resolution – (account member or managing member with account opening authority)                                 |        |  |
|   | EIN or (SSN if Single Member LLC)   |        |  |
|   | Certificate of Formation filed with the Secretary of State  |        |  |
|   | Certificate of Filing issued by Secretary of State  |        |  |
|   | Company Agreement   |        |  |
|   | Assumed Name Certificate (if applicable) filed with the Secretary of State  |        |  |
|   | Certificate of Registration for Out of State LLC (if applicable)  |        |  |
| Corporation (For Profit and Non-Profit)   |   |        |  |
|   | Corporate Resolution- (Officer with account opening authority) any officers authorized to sign on account           |        |  |
|   | EIN   |        |  |
|   | Certificate of Incorporation/Formation/Filing issued by the Secretary of State                                      |        |  |
|   | Articles of Incorporation   |        |  |
|   | Assumed Named Certificate (if applicable) filed with the Secretary of State   |        |  |
|   | Certificate of Registration for Out of State Corporation (if applicable) filed with the Secretary of State          |        |  |
|   | IRS form 501 (C-3) for Non-Profits only   |        |  |
| Partnership   |   |        |  |
|   | EIN   |        |  |
|   | Assumed Name Certificate filed with County Clerk  |        |  |
|   | Partnership Agreement   |        |  |
| Limited Partnership and Limited Liability Partnership   |   |        |  |
|   | EIN   |        |  |
|   | For LP= Certificate of Limited Partnership Formation / For LLP=Registration as LLP Issued by the Secretary of State |        |  |
|   | Partnership Agreement   |        |  |
|   | Assumed Named Certificate (if applicable) filed with the Secretary of State   |        |  |
|   | Certificate of Registration for Out of State LLP/LP (if applicable)   |        |  |
| Professional Association (PA)   |   |        |  |
|   | EIN   |        |  |
|   | Articles of Association/Formation filed with the Secretary of State   |        |  |
|   | Certificate of Association filing issued by Secretary of State  |        |  |
|   | Assumed Name Certificate (if applicable)  |        |  |
|   | Certificate of Registration for Out of State PA (if applicable)   |        |  |
| Unincorporated – Incorporated Non-Profit Association / Clubs and Civic Organizations  |   |        |  |
|   | EIN   |        |  |
|   | Minutes of meeting authorizing the account opening and stating who is authorized to open the account                |        |  |
|   | Certificate of filing for incorporated nonprofit association with Secretary of State                                |        |  |
|   | By-Laws or Charter  |        |  |
| IOLTA   |   | Estate |  |
|   | EIN   |        | EIN of the Estate                                    |
|   | Texas Access to Equal Justice Foundation – Notice form  |        | Death Certificate                                    |
|   |   |        | Letters of Testamentary or Letters of Administration |
| Personal Accounts: proof of name, address, date of birth and SSN  |   |        |  |
| <p>For each account owner and convenient signer please bring with you: Unexpired Government issued photo identification and another ID (SSN card preferred). If the physical address on your photo ID is not current, you must provide another document with proof of current address. Some examples of acceptable photo IDs: Driver’s License, State Issued ID, Handgun License, Passport.</p> |   |        |  |