

# PERSONAL ACCOUNT

## 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.

<u>TYPE OF ACCOUNT</u>	<u>OWNERSHIP OF ACCOUNT</u>	<u>DATE:</u> _____
____ CHECKING - STAR CH		
____ - Lone Star		
____ - Bonus	____ INDIVIDUAL	
____ NOW- Gold Star Check	____ UTMA	
____ MM - Lone Star		
____ - Gold Star	____ JOINT-W/RIGHT OF SURVIVORSHIP	SOURCE OF DEPOSIT:
____ SAVINGS-Rising Star	____ JOINT-WITH NO SURVIVORSHIP	____ CASH ____ CHECKS
____ C.D.	____ OTHER	OPENING DEPOSIT:
____ OTHER	____ POD _____	\$ _____

## PERSONAL DATA

\*\*\*\*\* TWO FORMS OF I.D.REQUIRED WHEN OPENING ACCOUNT\*\*\*\*\*

<u>PRIMARY OWNER INFORMATION</u>	<u>JOINT OWNER INFORMATION</u>
NAME: _____	NAME: _____
*PHYSICAL ADDRESS: _____	*PHYSICAL ADDRESS: _____
*MAILING ADDRESS: _____	*MAILING ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP CODE: _____	STATE: _____ ZIP CODE: _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY#: _____	SOCIAL SECURITY#: _____
DRIVER'S LICENSE: _____	DRIVER'S LICENSE: _____
STATE OF DRIVER'S LICENSE: _____	STATE OF DRIVER'S LICENSE: _____
LICENSE EXPIRATION DATE: _____	LICENSE EXPIRATION DATE: _____
UNITED STATES CITIZEN?    Yes    No	UNITED STATES CITIZEN?    Yes    No
IF NO, WHAT COUNTRY? _____	IF NO, WHAT COUNTRY? _____
PLACE OF BIRTH: _____	PLACE OF BIRTH: _____
MOTHER'S MAIDEN NAME: _____	MOTHER'S MAIDEN NAME: _____
ARE YOU A POLITICALLY EXPOSED PERSON? Y or N	ARE YOU A POLITICALLY EXPOSED PERSON? Y or N
NAME & ADDRESS OF SOMEONE WHO WILL ALWAYS KNOW YOUR LOCATION: _____	
*PREVIOUS ADDRESS IF LESS THEN 6 MONTHS AT CURRENT ADDRESS: _____	

<u>EMPLOYER INFORMATION</u>	<u>EMPLOYER INFORMATION</u>
NAME: _____	NAME: _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
EMPLOYMENT PHONE: _____	EMPLOYMENT PHONE: _____
OCCUPATION: _____	OCCUPATION: _____
YEARS EMPLOYED: _____	YEARS EMPLOYED: _____

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit account and employment history and/or have a credit-reporting agency prepare a credit report on me.

**X** \_\_\_\_\_  
Signature of Account Owner(s)

<u>BANK USE:</u>	<u>ARR:</u>
PRIMARY ID: TDL # _____ EXP _____ OR OTHER _____	
SECONDARY ID: SCard, CC type: _____ exp _____, Other _____	

SEARCHED OFAC: NONE FOUND    FOUND