

Deposit Account Application Form

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, street address, date of birth, and other information that will allow us to identify you. We will also ask to see a copy of your driver's license or other identifying documents.

I am applying for the following type of account(s):

Checking
 Savings
 Money Market
 CD
 IRA

HSA

Single or Married
 Individual Plan
 Family Plan

I am applying:
 Individual
 Joint
 Trust
 Custodial
 Estate
 Payable on Death
 Rep Payee

Primary Account Owner: (Individual, Trust, Minor or Estate)

Name		Social Security/Tax Identification#		
Street Address, City, State, Zip Code				Date of Birth
Email Address		Employer		Occupation
Phone Number	Drivers License/ID #	Issue Date	Expiration Date	Issuing State

Additional Account Owner: (Individual, Trustee, Custodian or Personal Representative)

Name		Social Security/Tax Identification#		
Street Address, City, State, Zip Code				Date of Birth
Email Address		Employer		Occupation
Phone Number	Drivers License/ID #	Issue Date	Expiration Date	Issuing State

Additional Account Owner: (Individual or Trustee)

Name		Social Security/Tax Identification#		
Street Address, City, State, Zip Code				Date of Birth
Email Address		Employer		Occupation
Phone Number	Drivers License/ID #	Issue Date	Expiration Date	Issuing State

Authorized Signer: (Health Savings Accounts or POA)

Name		Social Security/Tax Identification#		
Street Address, City, State, Zip Code				Date of Birth
Email Address		Employer	Occupation	
Phone Number	Drivers License/ID #	Issue Date	Expiration Date	Issuing State

Beneficiaries: (Payable on Death, Health Savings and Individual Retirement Accounts)

Name	Relationship	Primary or Contingent	%
Name	Relationship	Primary or Contingent	%
Name	Relationship	Primary or Contingent	%
Name	Relationship	Primary or Contingent	%
Name	Relationship	Primary or Contingent	%

I am interested in the following Services:

<input type="checkbox"/> Debit Card	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Bill Pay
<input type="checkbox"/> eStatements	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Auto Transfer	<input type="checkbox"/> OD Link

<input type="checkbox"/> Y or N	Are you or another applicant a Politically Exposed Person?
<input type="checkbox"/> Y or N	Will you conduct international ACH or wire transfers?

I represent these statements are true and complete and authorize the First Bank of Baldwin to verify them and obtain additional information concerning my/our credit and furnish the same to others, to answer any questions about our account experience and other financial relationships with them, and agree to the provision of any rules, regulations, or agreements governing such account(s). This application is the property of the First Bank of Baldwin. I understand it may be a federal crime punishable by law or imprisonment or both to knowingly make any false statements concerning any of the above facts.

Signature	Date
Signature	Date
Signature	Date