

# ACCOUNT APPLICATION



## 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.

<b>New Accounts</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Safe Deposit Box		<b>Reason for Choosing First Minnetonka City Bank</b> <input type="checkbox"/> Printing Advertising <input type="checkbox"/> Location <input type="checkbox"/> Recommended By: _____ <input type="checkbox"/> Other Advertising <input type="checkbox"/> Radio Broadcast <input type="checkbox"/> Rate Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Other: _____			
NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		TELEPHONE NUMBER		CELL PHONE NUMBER			
STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG		
PREVIOUS ADDRESS (STREET, CITY, STATE, & ZIP) (COMPLETE IF LESS THAN 3 YEARS AT PRESENT ADDRESS)					HOW LONG		
EMPLOYER				POSITION OR TITLE	HOW LONG		
EMPLOYER ADDRESS				BUSINESS PHONE	EXT.		
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP		TELEPHONE NUMBER		
May we have your e-mail address? _____ Previous (or current) Financial Institution _____ <b>Type of Account Maintained</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Loan							
<b>Would you be interested in any of these products?</b> <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Online Banking <input type="checkbox"/> Home Equity Loans/ Lines of Credit <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Mobile Banking <input type="checkbox"/> E-statements <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Higher Income during retirement <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Consolidation Loans <input type="checkbox"/> Alternative Investments							
I certify that the information on this account application is true and correct. First Minnetonka City Bank may keep this application whether or not I open an account. By signing below I authorize First Minnetonka City Bank to request one or more consumer reports to check and verify your credit and employment history.							
ACCOUNT SIGNATURE _____				Date: _____			

### FOR INTERNAL USE ONLY

STATE	ID #		ISSUED DATE	EXPIRATION DATE	DATE OF BIRTH
ADDRESS/ D.L. MATCH?		SOURCE OF ADDITIONAL ADDRESS VERIFICATION			
CHEX SYSTEMS	OFAC MATCH NO MATCH	REMARKS			
CB		PORT # / ACCOUNT #			OFFICER