

Account Number: _____ Date: _____

New Account Application – (Consumer) *Required Prior to Account Opening

*Legal Name (as appears on ID) _____

*Physical Address _____

*Mailing Address (if different) _____

*Does ID address Match Current Address? Yes or No If No, why? _____

*Home Phone _____ Cell Phone _____ Business Phone _____

*U.S. Person - SS # _____ *Date of Birth _____ Email _____

ID _____ Issued _____ Expires _____
 (State) (Number)

*Current Employer: _____ Phone _____

*Occupation (If retired—need previous occupation): _____

***Please Circle Residential Status: U.S. Citizen / Resident Alien / Non-Resident Alien (W8BEN)**

If you chose Resident Alien or Non-Resident Alien Provide one or more of the following:

Tax payer ID # _____ Passport # _____ Country of Issuance _____
 (Must be government issued, evidence nationality or residence and bear current photograph or similar safeguard)

Permanent address: _____ Host Family Name _____
 _____ Host Family Address _____

Country of Origin _____ Host Family phone # _____

Nearest relative not living with you _____ Relation _____

Address _____ City/St _____ Phone _____

Payable On Death? - Yes or No Name _____ Relationship _____ SS# _____

POD Contact Information- Address _____ Phone # _____

additional POD Name _____ Relationship _____ SS# _____

POD address _____ Phone # _____

As a full service community bank, we are committed to providing our customers with financial products and services that meet their needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity - (Estimate based on a one month statement)

Deposits	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Purchase Official Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawals	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Transfers (Telephone, AFT)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Transfers	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Currency Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACH Credits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Frequent Traveler	<input type="checkbox"/> Yes <input type="checkbox"/> International <input type="checkbox"/> No
ACH Debits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Employee of an Embassy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Use Remote Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to Order Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Politically Exposed Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	<input type="checkbox"/> Single <input type="checkbox"/> Duplicate
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Debit/ATM Card	<input type="checkbox"/> Yes <input type="checkbox"/> No		

By signing this document, I authorize First Robinson Savings Bank, N.A. to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First Robinson Savings Bank's products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

X: _____

 Customer Signature Date

-----For Internal Bank Use Only-----

New _____ CIF Info reviewed (no change) CIF Info reviewed (updated) Driver's License/ID Scanned Verafin

Checks Ordered Chexsystems Ran Score _____ Security Questions Answered CSR _____