

Signer Information Sheet

COMMUNITY ADVANTAGE® - Barrington Bank & Trust Company, N.A.
201 S. Hough Street, Barrington, IL 60010 (847) 304-5940

Please return within 5 Business Days

Thank you in advance for your assistance.

The following information must be filled out in its entirety or you will not be authorized as a signer on the account. This is necessary to comply with the U.S.A. Patriot Act to help the government fight the funding of terrorism and money laundering activities, Federal Law requires all banks 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. We are sensitive to our customer's privacy, and information will not be shared with others. Please return individually in envelopes provided to ensure privacy.

Account Title: _____

Account Number: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Mother's Maiden Name: _____

Date of Birth: _____

Social Security #: _____

Driver's License #: _____

Date Issued: _____ Exp. Date: _____ State: _____

Email Address: _____

Current Employer (or former, if retired) _____

Position/Title: _____

Employer Status (circle one): F/T P/T Retired

Home Phone: _____

Work Phone: _____

U.S. Citizen (circle one): Yes No

Your Signature : _____

Enclose a clear copy of the front and back of your driver's license OR have a Notary complete the form below

STATE OF _____)
COUNTY OF _____)

I, _____, a Notary Public in and for said County in the State aforesaid,
DO HEREBY CERTIFY that _____ appeared before me this day in person and
acknowledged that he/she signed, sealed and delivered this document and as a free and voluntary act, for the
uses and purposes therein set forth.

GIVEN under my hand and notarial seal this ____ day of _____, 200__.

Notary Public _____

My Commission expires: