

SIGNER INFORMATION SHEET

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 USA 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 customers' privacy, and information will not be shared with others. Please return individually in envelopes provided to ensure privacy.

Account title:		Account number:			
First name:	M	iddle initial:		Last name:	
Street address:					
City:		State:		ZIP Co	de:
Last four digits of your Social Secu		Date o	f birth:		
Secret word:	Secret word hir		Driver's license number:		
Date issued:		Exp. date:		State:	
Email address:					
Current employer (or former, if ret	ired):				
Position/title:					
Employer status (check one):	Full time	Part time		Retired	
Home phone:			Work	phone:	
U.S. citizen (check one):	Yes	☐ No			
Are you a foreign diplomat, relativ	e of a foreign diploma	t, or work at an ei	mbassy?	Yes	☐ No
Your signature:					
Enclose a clear copy of the front a	·			•	
STATE OF:					
l,					
		_ appeared before me this day in person and acknowledged			
that he/she signed, sealed, and de	livered this document	and as a free and	voluntary a	ıct, for the uses and p	ourposes therein set forth.
GIVEN under my hand and notaria	l seal this	day of		, 202	
Notary public:					