

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:		Middle initial:	Last name:		
Street address:					
City:		State:		ZIP code:	
Last four digits of your Social Sec	curity number:		Date of birth:		
Mother's maiden name:			Driver's license number:		
Date issued:		_ Exp. date: _	St	ate:	
Email address:					
Current employer (or former, if re	etired):				
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, relati	ve of a foreign diplo	omat, or work at an e	embassy?	☐ No	
Your signature:					
Enclose a clear copy of the front					
STATE OF:			COUNTY OF:		
l,,					
aforesaid, DO HEREBY CERTIFY that					
that he/she signed, sealed, and d	elivered this docum	ent and as a free and	d voluntary act, for the use	es and purposes therein set forth.	
GIVEN under my hand and notari	al seal this	day of	, 201	<u>.</u> .	
Notary public:			_		