

**NEW ACCOUNT APPLICATION**

**1<sup>st</sup> Applicant Information**

Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 How long at present address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 In the event we need to call you regarding your account, please list your phone numbers in order below:  
 1) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 2) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Are you a U.S. Citizen?  Yes  No  
 Social Security # \_\_\_\_\_  
 Drivers License # \_\_\_\_\_ State \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Length of Employment \_\_\_\_\_  
 If self-employed, provide what type : \_\_\_\_\_  
 \_\_\_\_\_  
 Name of closest relative not living with you \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Addr: \_\_\_\_\_ City \_\_\_\_\_ Ph# \_\_\_\_\_  
 1<sup>st</sup> Contact \_\_\_\_\_ Ph# \_\_\_\_\_  
 2<sup>nd</sup> Contact \_\_\_\_\_ Ph# \_\_\_\_\_  
 Would you like to list additional contacts? (Age 65 or above) Y  N   
 List other Banks you have accounts with \_\_\_\_\_  
 \_\_\_\_\_  
 Reason you chose MBC/Foundation Bank \_\_\_\_\_  
 \_\_\_\_\_  
 Purpose for Account \_\_\_\_\_  
 Estimated Annual Gross Income \$ \_\_\_\_\_  
 Will proceeds from business activities be deposited or any business expenses be paid out of this account?  Yes  No  
**Challenge Question** (Check one below)  
 First Dog  First Car  Elementary School  
 Birth City  Other \_\_\_\_\_  
**Answer to Challenge Question:** \_\_\_\_\_

**2<sup>nd</sup> Applicant Information**

Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 How long at present address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 In the event we need to call you regarding your account, please list your phone numbers in order below:  
 1) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 2) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Are you a U.S. Citizen?  Yes  No  
 Social Security # \_\_\_\_\_  
 Drivers License # \_\_\_\_\_ State \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Length of Employment \_\_\_\_\_  
 If self-employed, provide what type : \_\_\_\_\_  
 \_\_\_\_\_  
 Name of closest relative not living with you \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Addr: \_\_\_\_\_ City \_\_\_\_\_ Ph# \_\_\_\_\_  
 1<sup>st</sup> Contact \_\_\_\_\_ Ph# \_\_\_\_\_  
 2<sup>nd</sup> Contact \_\_\_\_\_ Ph# \_\_\_\_\_  
 Would you like to list additional contacts? (Age 65 or above) Y  N   
 List other Banks you have accounts with \_\_\_\_\_  
 \_\_\_\_\_  
 Reason you chose MBC/Foundation Bank \_\_\_\_\_  
 \_\_\_\_\_  
 Purpose for Account \_\_\_\_\_  
 Estimated Annual Gross Income \$ \_\_\_\_\_  
 Will proceeds from business activities be deposited or any business expenses be paid out of this account?  Yes  No  
**Challenge Question** (Check one below)  
 First Dog  First Car  Elementary School  
 Birth City  Other \_\_\_\_\_  
**Answer to Challenge Question:** \_\_\_\_\_

**IMPORTANT:** Please read before signing.

I/We hereby authorize the Bank to obtain such information as it may require concerning this application and agree that such information, as well as this application shall remain the Banks property whether or not the account is opened. By signing below you are certifying that the information provided is true and correct. **The undersigned further authorizes the financial institution to use verification methods necessary on the undersigned, as individuals.**

\_\_\_\_\_  
 First Applicant Signature

\_\_\_\_\_  
 Second Applicant Signature

**Bank Use Only (\* = Required)**

- |                                    |   |                           |  |
|------------------------------------|---|---------------------------|--|
| _____ 2 forms of Acceptable ID*    | _____ Disclosures*                      | _____ Debit/ATM Card      | _____ Opt In/Opt Out form*             |
| _____ USInfoSearch*                | _____ Add'l Contact Sheet               | _____ BNControl Red Flag* | _____ Electronic Banking Services Info |
| _____ Safe Deposit Box #           | _____ Watch Dog OFAC*                   | _____ Check order         | _____ Loan Officer Intro               |
| _____ Switch to Service assistance | _____ BOLT\$/Client Satisfaction Survey |                           | _____ Text Opt In / Out                |
| _____ Other _____                  | _____ Scan Into Bank Mgr                | _____ Initial _____       | _____ Date _____                       |