

NEW ACCOUNT APPLICATION

Bank Use Only	Date: _____
Checking #: _____	Branch: _____
Savings #: _____	CSR Initials: _____

1st 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:

Home Work Cell

_____ _____ _____

Home Work Cell

E-Mail Address: _____

Are you a U.S. Citizen? Yes No

Social Security #: _____

Driver's 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: _____

Address: _____

City/State/Zip: _____

1st Contact: _____ Ph#: _____

2nd 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:

2nd 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:

Home Work Cell

_____ _____ _____

Home Work Cell

E-Mail Address: _____

Are you a U.S. Citizen? Yes No

Social Security #: _____

Driver's 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: _____

Address: _____

City/State/Zip: _____

1st Contact: _____ Ph#: _____

2nd 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)

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 2 forms of Acceptable ID* | <input type="checkbox"/> SMS Text Opt In / Out* | <input type="checkbox"/> Check order | <input type="checkbox"/> Client Satisfaction Survey |
| <input type="checkbox"/> Add'l Contact Sheet | <input type="checkbox"/> Watch Dog OFAC* | <input type="checkbox"/> Safe Deposit Box # | <input type="checkbox"/> Switch to Service assistance |
| <input type="checkbox"/> USInfoSearch* | <input type="checkbox"/> BNControl Red Flag* | <input type="checkbox"/> Loan Officer Intro | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disclosures* | <input type="checkbox"/> Debit/ATM Card / Brella | <input type="checkbox"/> Electronic Banking Services Info
(VB-OB-MB-BP-eStmts) | |
| <input type="checkbox"/> Consent Form for Overdraft Services* Signed <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Scan Into Bank Mgr / _____ | |
| <input type="checkbox"/> Overdraft Privilege Opt Out Signed * <input type="checkbox"/> Y <input type="checkbox"/> N | | | |