

GENERAL INFORMATION

Account Number:	Port Number:	Date Opened:
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Account Type: Checking: Flat Regular Free Money Market

Saving NOW

Time Certification of Deposit

 Contract Amount:_____ Term: _____ Maturity Date:_____

 Int. Rate (%):_____ APY (%):_____

IRA Contribution Type:

Installment Savings

 Contract Amount:_____ Term: _____ Maturity Date:_____

 Int. Rate (%):_____ APY (%):_____

Check if monthly deposit will be made by auto-transfer from First Standard Bank account. _____.

Funds will be automatically transferred only to the extent the funds are available (as more fully described in the bank's funds availability schedule disclosure) in the automatic transfer account. This authorization will remain in full force and effect until bank receives customer's written or until either debiting or crediting account is closed.

Ownership Type Individual Joint Trust Non-resident CUTMA POA POD Other

Legal Name	1) _____	2) _____
Legal Name	3) _____	4) _____
Resident Address		
Mailing Address		
Social Security Number		
Date of Birth		
Place of Birth		
Home Phone No.		
Cellular Phone No.		
Work Phone No.		
E-mail Address		
If Non-Resident, Foreign Address (Required)		
Identification No.		
Expiry & Issued by		
Secondary Identification		
Mother's Maiden Name		
Occupation		
Employer Name		
Employer's Address		

FOR NEW ACCOUNTS USE ONLY - ACCOUNT PURPOSE (CHECK ALL THAT APPLY)

Customer identification program (CIP) verified. Yes No

Chex System Checked. Yes No

General Personal

Other(Specify)

Will there be a Power of Attorney (POA) on the account?

Yes (Indicate Name)

No (Obtain power of Attorney form and information and identification on the attorney-in fact)

Politically Involved? Yes No

What type of account activity does the customer anticipate? (Check all that apply)

Cash Deposit Est. Monthly Activity \$

Cash Withdrawals Est. Monthly Activity \$

ACH Deposits

ACH Debits

Online Banking

Wire Transfers:

Incoming Est. Monthly Activity \$

Outgoing Est. Monthly Activity \$

If any transfers will be to or from a foreign country, specify name of country:

Other Bank Services Customer is interested in:

(cashiers checks, , travelers check, loan, letter of credit, safe deposit, etc)

Estimated Average Account Balance : \$

Is Customer's residence/employment address near the FSB BANK?

Yes

No

If "No", Why did customer choose FSB BANK?

(Note: Consult an officer if the customer's residence/business is not near First Standard Bank and customer has no other relationship with the bank)

Does customer currently have other FSB BANK accounts/services?

Yes

No

Specify other accounts/services:

Previous Bank	Reference Check				Responsible Officer	
Opening Deposit <input type="checkbox"/> Check Source of Fund	OFAC Checked	Opened By	BSA Risk Code	BSA Type Code	Input By	Reviewed By