



### Section 3: Account Services

**Will either account owner use the following services? Please circle Yes or No.**

Make deposits or withdrawals of <u>cash</u> greater than \$5,000 per <u>month</u> ?	Yes	No
Purchase cashier's checks or money orders?	Yes	No
Send or receive direct deposit items from within the US?	Yes	No
Send or receive direct deposit items from outside the US?	Yes	No
Send or receive wire transfers from within the US once a year or more?	Yes	No
Send or receive wire transfers from outside the US once a year or more?	Yes	No
Do you currently have an account at another bank?	Yes	No

### Section 4: Debit Card

Would you like to order a debit card for your account?

\_\_\_\_\_ Yes - Primary Owner

\_\_\_\_\_ Yes - Joint Owner

\_\_\_\_\_ No, skip to section 5

\_\_\_\_\_ I would like to sign up for text alerts (to be used when potential fraud is detected)

### Section 5: Checks

Design Choices:

Would you like to order checks for your account?

\_\_\_\_\_ Yes, complete section below

\_\_\_\_\_ No, skip to section 6

Information to put on checks:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Drivers License #

Blue Safety

Yellow Safety

Blue Marble

Green Marble

Violet Marble

Antique (Tan)

Eagle

Monarch (Butterfly)

Country (Barn)

Antlers (Deer)

Check Design: \_\_\_\_\_

Please check one: \_\_\_\_\_ Singles (200 per box) \_\_\_\_\_ Duplicates (150 per box)

Number of boxes: \_\_\_\_\_

### Section 6: Electronic Access

I would like to enroll in the following:

\_\_\_\_\_ Online Banking (required to access the app or eStatements)

\_\_\_\_\_ Mobiliti (App)

\_\_\_\_\_ eStatements

\_\_\_\_\_ Bill Pay

**Section 7: Beneficiary (for IRA and HSA Accounts)**

If opening HSA, does your insurance include **single** or **family** coverage? \_\_\_\_\_

Number of primary beneficiaries: \_\_\_\_\_

Number of contingent beneficiaries: \_\_\_\_\_

Are you married? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your spouse be your primary beneficiary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide the following for all beneficiaries (attach additional pages as needed):

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
Social Security #                      Date of Birth

\_\_\_\_\_  
Percentage (**no decimal points**)                      Primary    or    Contingent (**please circle one**)

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
Social Security #                      Date of Birth

\_\_\_\_\_  
Percentage (**no decimal points**)                      Primary    or    Contingent (**please circle one**)

**Section 8: Trust\* (please fill out only if your account(s) will be in your trust)**

\_\_\_\_\_  
Name of Trust

\_\_\_\_\_  
Date of Trust                      Trust Tax ID Number

\_\_\_\_\_  
Trustee Name                      Trustee Social Security #

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
Trustee Name                      Trustee Social Security #

\_\_\_\_\_  
Street Address                      City                      State                      Zip

**\*Please bring either a copy of your trust document or a Certification of Trust with you when you sign for your new account.**