



Port # _____

CONSUMER ACCOUNT APPLICATION

*** Required Prior to Account Opening**

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

*Legal Name (Last, First, Middle) _____

*Residential Address _____ City _____ State _____ Zip _____ + _____

*Mailing Address _____ City _____ State _____ Zip _____ + _____

(Please note: PO Box Holders must furnish physical address as well as mailing address)

*Previous Address _____

(If less than 2 years at current address)

*Home Phone _____ Cell Phone _____ Business Phone _____

*State of Residence (last 5 years) _____ Email _____

*Date of Birth ____/____/____ *Social Security Number _____

Name of nearest relative _____ Relationship _____
(Not living with you)

Address _____

Home Phone _____ Business Phone _____

Do you wish to name a beneficiary(s) (Payable on Death) on this account at this time? No Yes (List names below)

Beneficiary's Name

Beneficiary's Name

Beneficiary's Name

Beneficiary's Name

Current Employer _____ Phone _____

Type of Business or Profession _____

(If self-employed, retired or disabled, please explain the type of self-employment or industry retired or disabled from)

Prior Banking Relationship _____
Bank Name _____ City/State _____

How did you hear about us? _____

Security Question _____

Security Answer/Password _____ Mother's Maiden Name _____

By signing this document, I authorize AmFirst Bank, N.A. to verify all information provided and to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with AmFirst Bank, N.A. products and services requested by me and that it will remain in force for the duration of my association. I certify that the information provided by me is true and correct to the best of my belief.

Applicant's Signature

Date

Customer Name _____ Branch _____ Employee _____

Port # _____ Account # _____ Date Opened _____

As a full service community bank, AmFirst Bank is committed to providing its customers with financial products and services that meet their financial needs. To determine whether the products and services the customer selected are appropriate, provide the following information: (CDs are exempt)

Anticipated Account Activity – (estimate based on a one month statement)

Activity Type	Monthly Inflow	Monthly Outflow
Cash	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
Checks	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
Wire Transfers (U.S./Domestic)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
Wire Transfers (International/Foreign)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
ATM/Debit Card (U.S./Domestic)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
ATM/Debit Card (International/Foreign)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
ACH (U.S./Domestic)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
ACH (International/Foreign)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
Monetary Instruments (U.S./Domestic)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency
Monetary Instruments (International/Foreign)	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency	\$ _____ Largest Single Transaction Amt \$ _____ Monthly Total _____ Monthly Frequency

BANK USE ONLY**Consumer Account Opening Checklist****While the customer is at your desk -**

- Have the customer complete & **SIGN** the account application
- Obtain the appropriate documents for identification, complete the appropriate CIP form(s) and complete the following:
 - ID Verification (ChoicePoint)
 - Check Names (OFAC)
- Obtain and record the USPS zip code extender (Zip + 4)
- Some circumstances warrant additional documentation. Be sure to read any document provided to the bank to verify the customer is allowed to do what he/she is requesting. Following are the most common occurrences:
 - Power of Attorney (POA)
 - Estate Account - Letters of Personal Representative
 - Trust Account – a Certificate Affidavit of Trust or a copy of the Trust
 - Conservatorship Account – Letters of Conservatorship
 - Representative Payee Account – Letter from SSA evidencing appointment of representative payee
- Input all information on ARTA Deposit to create:
 - Signature card
 - Appropriate disclosures
 - Deluxe Check Order
- Offer the customer the following products and have them complete the applicable applications:
 - ATM Card or Debit Card
 - Telebank
 - AmFirst Online
 - Automatic Transfer
 - Safe Deposit Box
- Advise the customer of all the products we offer (i.e. insurance and investments)

After the customer has left -

- Set up the portfolio for the customer
- Add a port addendum with the 326 verification information
- Add the ID verification type, number, issue date, and expiration date under each signer's name on the port
- Set up the new account
- File/send original signature card to McCook and file copy (Benkelman excluded)
- Enter 'Anticipated Account Activity' information (page 2 of account application) into PATRIOT OFFICER Software
- Send the following documents to Compliance:
 - Original CIP form
 - Copy of Application (pages 1 and 2)
- Review account information on system by someone other than who opened the account
- Send welcome letter