

ALLNATIONS BANK

DATE: _____

ACCOUNT APPLICATION

To Open a Checking, Savings, Money Market, or Certificate of Deposit

ACCOUNT TITLE / NAME OF TRUST (if applicable)					
ACCOUNT OWNER			ACCOUNT CO-OWNER (if joint, UTMA, or Representative Payee Account)		
First Name	MI	Last	First Name	MI	Last Name
SSN / TIN	DOB (mm/dd/yyyy)		SSN / TIN	DOB (mm/dd/yyyy)	
Residence Address (No P.O. Box Address)			Residence Address (No P.O. Box Address)		
Cell Phone	Home Phone		Cell Phone	Home Phone	
City, State, Zip			City, State, Zip		
Mailing Address (if different)			Mailing Address (if different)		
Email Address:			Email Address:		
Are you a citizen of the United States? Yes ___ or No ___			Are you a citizen of the United States? Yes ___ or No ___		
If No, in what country are you a citizen? _____			If No, in what country are you a citizen? _____		
Will any financial transactions affecting this account originate or have a destination outside the U.S.? _____ If yes, please explain.			Will any financial transactions affecting this account originate or have a destination outside the U.S.? _____ If yes, please explain.		
IDENTIFICATION			IDENTIFICATION		
Government Issued Drivers License or State I.D.			Government Issued Drivers License or State I.D.		
Issuer	Type	Number	Issue/Expiration Date		
Issuer	Type	Number	Issue/Expiration Date		
EMPLOYMENT			EMPLOYMENT		
Employer Name			Employer Name		
Employer Address			Employers Address		
Work Phone Number / Extension			Work Phone Number / Extension		
PAYABLE ON DEATH DESIGNATION(S) I hereby make the following designation of POD pursuant to the provisions of my referenced account					
Name		Social Security No.		Date of Birth	
Address		Relationship		Phone Number	

TYPE OF ACCOUNT (select the type of account(s) you wish to open) (Minimum Savings \$25; Checking, CD;s \$100, unless otherwise stated)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Simply Free Checking | <input type="checkbox"/> Simply Safe Account | <input type="checkbox"/> Senior Checking (50+) | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Tiered Money Market Account | <input type="checkbox"/> Now Account | <input type="checkbox"/> CD _____ month(s) | <input type="checkbox"/> ATM / Debit Card | |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Online Banking / Bill Pay | | | |

BACKUP WITHHOLDING CERTIFICATIONS

- Taxpayer ID Number** – My correct identification number is: _____.
- Applied for Taxpayer ID Number** – A Taxpayer identification number has not been issued to me and I mailed Or Delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future). I understand that if I do not provide a taxpayer identification number to the payer within 60 days, the payer is Required to withhold the percentage allowed under the Internal Revenue Code of all reportable payments Thereafter made to me until I provide a number.
- Exempt Recipient** – I am an exempt recipient under the Revenue Service Regulations.
- Backup Withholding** – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue has notified me that I am no longer subject to backup withholding.
- Nonresident Aliens** – A separate certification has been or will be completed.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. Citizen (including resident alien.

Signature: _____

Date: _____

Payees Exempt from Backup Withholding

We are not required to backup withholding if the payee is:

- An organization exempt from tax under section 501(a) or an individual Retirement plan.
- The United States or any of its agencies or instrumentalities.
- District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- An International organization or any of its agencies or instrumentalities.

Other payees that may be exempt from Withholding include:

- A Corporation.
- A foreign central bank of issue.
- A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.

- A futures commission merchant registered with the Commodity Futures Trading Commission.
- A real estate investment trust.
- An entity registered at all times during the tax year under the investment Company Act of 1940.
- A common trust fund operated by a bank under the possession section 584(a).
- A financial institution.
- A middleman known in the investment community as a nominee or custodian.
- A trust exempt from tax under section 664 or described in section 4947.

Payments of interest not generally subject to backup withholding include the following:

- Payments of interest on obligations issued by individuals. Note: *You may be subject to backup withholding if this interest is \$600 or more and is paid in the course of the payer's trade or business and you have not provided your correct taxpayer identification number to the payer.*

- Payments of tax-exempt interest (including exempt interest dividends under section 852.

Payments described in section 6049(b) (5) to nonresident aliens.

- Payments on tax-free covenant bonds under section 14513.
- Payments of mortgage or student loan interest.
- Payments that are not subject to information reporting are also not subject to backup withholding. For details, see regulations under section 6041, 6041A, 6045, 6050A, and 6050N.

SIGNATURES

The undersigned acknowledges receipt of a copy of and agrees to the terms of the following disclosures: Truth in Savings, Electronic Funds Transfer, Funds Availability, Privacy Notice, and Terms and Conditions of your account.

I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual.

I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Additional Authorized Signatures:

X _____
Applicants Signature Date

X _____
Signature Relationship/Title

X _____
Applicants Signature Date

X _____
Signature Relationship/Title

X _____
Applicants Signature Date

X _____
Signature Relationship/Title