

## Member FDIC | Equal Housing Lender Privacy Statement

## Personal Deposit Account Application

First Name:	Last Name:			
Submitted on:				
law requires all financial insti What this means for you: Wh allow us to identify you. We r Security Notice:	Procedures for Opening quirements: To help the tutions to obtain, verify nen you open an account any also ask to see you Application on-line if yopy now.  click "Submit Application, QUIT your browser ar	g a New Account e government fight the fundir , and record information that nt, we will ask for your name ur driver's license or other ide ou are using a browser with on".	ng of terrorism and money identifies each person when, address, date of birth, a entifying documents.	r laundering activities, Federal no opens an account. nd other information that will cements. If you don't have the
To open an account with Peoples Bank, you must be a resident of the State of Missouri or a current customer of Peoples Bank. Before proceeding, please confirm your eligibility. (required)	I am a resident of Missouri or a current Peoples Bank customer. I am eligible to apply.  I am NOT a resident of Missouri or a current Peoples Bank customer. I am NOT eligible to apply.			
	F	Primary Account Holder Infor	mation	
First Name		Middle Initial		Last Name
Date of Birth	1	Social Securit	y No.	Gender
Drivers License Information (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date
Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address

	Address Line 1				
Mailing Address	Address Line 2				
	City	State	ZIP Co	ode	
	Address Line 1				
Physical Address	Address Line 2				
	City	State	ZIP Co	ode	
Employer and Occupation (required)	Employer Name			Occupation	
Citizenship	US Citizen Resident Alien Non-Resident Alie Foreign Student	en			
Subject to backup withholding	O YES O NO				
First Name		oint Account Holder - if appl  Middle Initial	icable	Last Name	
Date of Birth		Social Security No.			
	n	Social Security	/ No.	Gender	
	DL Number	Social Security  DL State of Issue	DL Issue Date	Gender  DL Expiraton Date	
(required)  Contact Information					
(required)  Contact Information	DL Number	DL State of Issue	DL Issue Date	DL Expiraton Date	
Drivers License Information (required)  Contact Information (required)  Mailing Address	DL Number  Cell Phone	DL State of Issue	DL Issue Date	DL Expiraton Date	

	Address Line 1				
Physical Address	Address Line 2	Address Line 2			
	City	State	ZIP Code		
Employer and Occupation (required)	E	Employer Name	Occupation		
Citizenship	US Citizen Resident Alien Non-Resident Alien Foreign Student	n			
Subject to backup withholding	O Yes				
		Account Titling Information			
	O Individual O Joint				
	<ul><li>Trust</li><li>Fiduciary (legal do</li></ul>	ocuments required)			
		Beneficiary Designation			
Beneficiary Designation (required) The following is the designated beneficiary for the account effective as of the date of account	Beneficiary 1	Beneficiary Name	Beneficiary Address		
opening. To make future designation changes, a new Beneficiary Designation Form must be completed, signed, and dated and delivered to us prior to your death.	Beneficiary 2  Beneficiary 3  -				
Please click each product for CHECKING ACCOUNTS FREE Checking with Estaten Gen Next Checking GO Club Student Checking Performance Health Savings	SAVINGS ACC	ngs Certificate of De Individual Retire Companion Sav	eposits (CD) ement Accounts (IRA)		

	FREE Checking with Estatements
	Gen Next Checking
Checking Accounts	GO Checking
Checking Accounts	Student Checking
	Peoples Performance
	HSA - Health Savings Checking
	Statement Savings
	Minor Savings
	Health Savings Account
Savings and Money Market	Money Market Gold
	Money Market Passbook
	Money Market Platinum
	Christmas Club
	6 Month
	12 Month
	18 Month
Certificate of Deposit	24 Month
Certificate of Deposit	36 Month
	48 Month
	60 Month
	Smart Saver Companion Account
	All Services
	Debit Card
	Online & Mobile Banking
Requested Services Please choose services you	Mobile Deposit
wish to utilize	Peoples Pay Bill Payment
	E-statements
	Sweep Services

Would you like Overdraft Privilege on your account? By choosing YES, you want transactions not including one time debit card transactions to be paid within Overdraft Privilege limits. Normal Overdraft fees will apply.	<ul><li>YES</li><li>NO</li></ul>	
Would you like your one time debit card transactions to be covered by Overdraft Privilege?  By choosing YES, you want one time debit card transactions to be paid within Overdraft Privilege limits. Normal overdraft fees will apply.	○ YES ○ NO	
What you need to know abou		
	ut Overdrafts and Overdraft Fees draft Privilege Service Description	
	Additional Information/Comments	
Please provide any additonal information/comments as needed		
	Upload Files	
Upload Drivers Licenses: Please upload a copy of the FRONT of each license for each applicant. If you have an address change on your DL, please upload a copy of the BACK.	Please submit this information as an additional attachment.	
By submitting this application, I (each person jointly and severally) apply for the account(s) and services listed above. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time.		
(required)	I/We AGREE with the above statement	