



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

UBank Switch Kit

| | |
|---------------------------------------|------------|
| First Name: | Last Name: |
| Date of Switch Kit | |
| Sample Date: 00/00/0000 (required) | |

UBank requires applicants to be residents of Tennessee or Kentucky. If you are located outside of these areas, this switch kit will not be accepted.

Please contact us (423-784-9446) if you have questions regarding your financial needs.

Privacy Policy: Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

[USA Patriot Act](#)

Important Information about Procedures for Opening or Changing an New Account with UBank

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This federal requirement applies to all new customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you: When you open an account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them.

Additionally, FinCEN has adopted what they describe as a “two pronged” approach to beneficial ownership.

The ownership prong includes all natural persons with 25% or more direct or indirect equity interest in a legal entity while the control prong is a single individual with significant managerial responsibility (the Rule says “control, manage or direct”) over the legal entity.

We will ask to see each person’s driver’s license and other identifying documents, and copy or record information from each of them.

Security Notice: ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you do not have the latest version, download it now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Complete this questionnaire and click "Submit" or print and fax it to 423-784-7686.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you about our products.

The purpose of this questionnaire is for us to gather some information, so we can begin to share our products that you are interested in.

Individual Account

Name

| | | | |
|---------------------------|----------------|-------|----------|
| Street Address (required) | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |

| | | | |
|---------------------------|----------------|-------|----------|
| Mail Address if different | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |

| | |
|------------------------|-----------------------|
| Home/Cell Phone | E-mail Address |
| _____ | _____ |

Joint Account

| |
|-------------|
| Name |
| _____ |

| | | | |
|---------------------------|----------------|-------|----------|
| Street Address (required) | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |

| | | | |
|---------------------------|----------------|-------|----------|
| Mail Address if different | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |

| | |
|------------------------|-----------------------|
| Home/Cell Phone | E-mail Address |
| _____ | _____ |

Primary Account Holder Information

| | |
|-------------------------------|----------------------|
| Social Security Number | Date of Birth |
| _____ | _____ |

| | | |
|--------------------------------|---------------------|------------------------|
| Driver's License Number | State Issued | Expiration Date |
| _____ | _____ | _____ |

| | | |
|------------------------------|-----------------|-----------------|
| Alternate Access Code | Employer | Position |
| _____ | _____ | _____ |

Joint Account Holder Information

Social Security Number

Date of Birth

Driver's License Number

State Issued

Expiration Date

Alternate Access Code

Employer

Position

I/we would like to open

- Personal Checking
- Personal Savings
- Business Checking
- Business Savings
- Money Market
- CD
- IRA
- I/we would like an ATM/Debit Card
- I/we would like Online Banking capabilities to see our accounts online
- I/we would like access to the UBank Mobile App to see all our accounts

Number of ATM/Debit
Cards