

Member FDIC | Equal Housing Lender

Privacy Statement

Personal Checking/Savings Account Application

Last Name:

First Name:

Submitted on:

law requires all financial What this means for you: allow us to identify you. \ Security Notice:	Requirements: To hel institutions to obtain, v : When you open an ad We may also ask to see this Application on-line	p the government fight the funding of erify, and record information that idea ccount, we will ask for your name, ad e your driver's license or other identif	f terrorism and money laundering activities, Federal ntifies each person who opens an account. Idress, date of birth, and other information that will fying documents. Idlest security enhancements. If you don't have the
memory when you quit you. We will contact you wi	vacy, QUIT your brows our browser. th the location of our c	er and restart it again after using this	
First Name		Middle Initial	Last Name
Date of Birth		Social Security No.	Your E-mail Address
Driver's License No.			Driver's License State
Home Phone			Work Phone
Address Information	Address Line 1 Address Line 2 City	State	ZIP Code
Subject to backup withholding	O Yes		

	Joint Account Holde	er (with right of sur	vivorship)
First Name	M	liddle Initial	Last Name
Date of Birth	Social Securit	ty No.	Your E-mail Address
Drive	er's License No.	_	Driver's License State
	Home Phone		Work Phone
Address Information	Address Line 1 Address Line 2 City	State	ZIP Code
Subject to backup withholding			
	Account	Titling Information	
(required)	Joint In Trust For Custodial		
In Trust For (required)	Name		Social Security No.
Custodial (required)	Name		Social Security No.
	I/We would like to app	ply for the following	account(s):
Checking Accounts	Personal Checking Interest Checking		
Savings Accounts	Personal Savings		
Money Market Accounts	Money Market Account		

Visa Debit/ATM Card	☐ Visa Debit Card ☐ ATM Card		
Visa Debit Card	○ 1○ 2		
ATM Card	○ 1○ 2		
The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below. Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or (d) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including U.S. resident alien). Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding. I understand that if I do not provide a taxpayer identification number to Capitol National Bank within sixty (60) days, then Capitol National Bank is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number. By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all personse list			
(required)	I/We AGREE with the above statement		