

Member FDIC | Equal Housing Lender

Privacy Statement

UBank Personal Savings Account Application

First Name:	Last Name:				
Submitted on:					
	Date of Application				
Sample Date: 00/00/0000 (required)					
	be residents of Tennessee or Kentucky. If you are located outside of these areas, an online application will				
not be accepted. Please contact us (423-784-	9446) if you have questions regarding your financial needs.				
Privacy Policy:					
Our privacy policy protects tr	ne 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 add	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: You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.					
Instructions:					
1. Complete Application and click "Submit Application" or 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 guit your browser.					
3. We will contact you with th	ne location of our closest office for you to sign a signature card. You may also be requested to provide ecurity card and Driver's License, or other documentation. Please bring your opening deposit when you				
Account Type					
(required)					
	Joint				

Primary Account Holder Information							
First Name		Middle Initial		Last Name			
Date of Birth		Social Security No.		Your E-mail Address			
Driver's License No.		Driver's License State		Exp. Date	Issue Date		
Home Phone		Work Phone		Cell Phone			
Physical Address Information (required)	Address Line 1 Address Line 2 City	State	9	ZIP Code			
Mailing Address Information if different from Physical Address	Address Line 1 Address Line 2 City	State	Ð	ZIP Code			
If Address on ID is different than Physical Address verify reason(s) moved etc.							
Employer/Occupation							
Beneficiary on the account? (required)	○ YES○ NO						
Beneficiary's Information (required)	First Name	Last Name	Birthdate	Soc	ial Security No.		
How Often Paid?	 Weekly Biweekly Monthly 						
What's the Average Amount?							
Any regular deposits besides payday?	O YES O NO						

If YES, what's the Average Amount?				
Will any of these regular deposits be cash?	○ YES ○ NO			
If YES, what's the Average Amount?				
Any Cash Withdrawals?	O YES O NO			
If YES, what's the Average Amount?				
Will this account have Wire Transfers? (required) <i>Select all that apply</i>	Outgoing Incoming International NO			
		Joint Account Holder Information		
First Name		Middle Initial	L:	ast Name
Date of Birth		Social Security No.	Your Ema	il Address
Drivers License No.		Driver License State	Exp. Date	Issue Date
Home Phone		Work Phone	Cell Phone	
Physical Address Information	Address Line 1			
	Address Line 1 Address Line 2			
	City	State	ZIP Code	
Mailing Address Information if different from Physical Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
If Address on ID is different than Physical Address verify reason(s) moved etc.				
Employer/Occupation				

How Often Paid?	Biweekly
	O Monthly
What's the Average Amount?	
Any regular deposits	O YES
besides payday?	⊖ NO
If YES, what's the Average Amount?	
Will any of these regular	O YES
deposits be cash?	⊖ NO
If YES, what's the Average Amount?	
	⊖ YES
Any cash withdrawals?	O NO
If YES, what's the Average	
Amount?	I/We would like to apply for the following account(s):
	_
Savings Accounts (required)	UFirst Money Market
Money Market accounts will	USave Savings
require \$2500.00 to open and Savings accounts will	
require \$10.00 to open	Christmas Club Savings
	Vacation Club Savings
backup withholding. See Tax <i>Taxpayer Identification Numb.</i> (1) the number shown on this (2) I am not subject to backup (a) I am exempt from back (b) I have not been notified (c) the IRS has notified me (d) the IRS has notified me (3) I am a U.S. person (include Certification Instructions: You withholding because of under the IRS that you are no longer I understand that if I do not pr twenty percent (20%) of all re <i>By submitting this application</i> personal identification number that all information given is con- this application, and all person fewer, additional, or different UBank . I agree to the terms and con- agree at any time you may re- information about me or my a	up withholding, or I by the Internal Revenue Service (IRS) that I am subject to backup withholding, or a that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or a that I am no longer subject to backup withholding, and ting U.S. resident alien). I must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup r-reporting interest or dividends on your tax return unless you have received another notification form from er subject to backup withholding. rovide a taxpayer identification number to UBank within sixty (60) days, then UBank is required to withhold portable payments thereafter made to me until I provide a number. I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a tr. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify porrect. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by ns listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) owner(s), a completed, signed application for the specific account must be submitted to and accepted by ditions for any accounts or services that I have now or in the future, and as they change from time to time. I equest information from others about my credit or accounts and that you provide to others experience accounts with UBank .
(required)	I/We AGREE with the above statement