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)	

UBank requires applicants to 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 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:
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 quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation. Please bring your opening deposit when you come to sign your signature card.

Account Type	
(required)	◯ Individual ◯ 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 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	
Beneficiary on the account? (required)	◯ YES ◯ NO
Beneficiary's Information (required)	First Name Last Name Birthdate Social Security No.
How Often Paid?	◯ Weekly ◯ Biweekly ◯ Monthly
What's the Average Amount?	
Any regular deposits besides payday?	◯ YES ◯ 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?	◯ YES ◯ NO
If YES, what's the Average Amount?	
Will this account have Wire Transfers? (required) *Select all that apply...*	☐ Outgoing ☐ Incoming ☐ International ☐ NO

Joint Account Holder Information

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	Your Email 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 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 ◯ Monthly
What's the Average Amount?	

Any regular deposits besides payday?	◯ YES ◯ 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?	◯ YES ◯ NO
If YES, what's the Average Amount?	

I/We would like to apply for the following account(s):

Savings Accounts (required) *Money Market accounts will require $2500.00 to open and Savings accounts will require $10.00 to open...*	☐ UFirst Money Market ☐ USave Savings ☐ Christmas Club Savings ☐ Vacation Club Savings

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, 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 **UBank** within sixty (60) days, then **UBank** 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 persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **UBank**.
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. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **UBank**.

(required)	☐ I/We AGREE with the above statement