



Equal Housing Lender | Member FDIC

[Privacy Statement](#)

Certificate of Deposit Application

First Name:

Last Name:

Submitted on:

Currently, we are only accepting online applications from the following Georgia counties: Chatham, Bryan, Effingham, Bulloch and Liberty; as well as the South Carolina counties of Jasper and Beaufort.

Privacy Policy:

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

The bank is required to provide adequate notice to new account customers, beneficial owners and the controlling person that the bank is requesting information to verify their identities. The notice describes the bank's identification requirements and is posted in the lobby area to allow customers to view prior to opening an account. The following statement is the bank's sign:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that on personal accounts identifies each person who opens an account. In addition, on legal entity accounts, we will require identification on beneficial owners and controlling person.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

If you request to open an account or become a signatory on an account with the Bank and the Bank has not previously verified your identity under the new regulatory requirements, the Bank will request documentary verification of your identity, such as driver's license or passport and/or it will verify your identity through other non-documentary methods. Similar identification requirements apply to business entities such as corporations, limited liability companies and partnerships.

In all cases, protection of our customers' identity and confidentiality is the Bank's pledge to you.

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".
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.

County of Residence

APPLICANTS MUST RESIDE IN ONE OF THE FOLLOWING COUNTIES. In which of the following counties do you currently reside? (required)

- Chatham County, Georgia
- Bryan County, Georgia
- Effingham County, Georgia
- Bulloch County, Georgia
- Liberty County, Georgia
- Jasper County, South Carolina
- Beaufort County, South Carolina

Primary Joint Account Holder Information

First Name	Middle Initial	Last Name	
_____	_____	_____	
Date of Birth	Social Security No.	E-mail Address	Home Phone
_____	_____	_____	_____
Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue
_____	_____	_____	_____
Employer		Mother's Maiden Name	
_____		_____	

Address Information	Address Line 1 _____
	Address Line 2 _____
	City _____ State _____ ZIP Code _____

Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No
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Work Phone	_____
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Joint Account Holder (with right of survivorship)

First Name	Middle Initial	Last Name	
_____	_____	_____	
Date of Birth	Social Security No.	Your E-mail Address	Home Phone
_____	_____	_____	_____

Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue
_____	_____	_____	_____

Employer	Mother's Maiden Name
_____	_____

Address Information	Address Line 1 _____		
	Address Line 2 _____		
	City _____	State _____	ZIP Code _____

Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No
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Work Phone	_____
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Account Titling Information	<input type="radio"/> Individual
	<input type="radio"/> Joint
	<input type="radio"/> In Trust For
	<input type="radio"/> Custodial

In Trust For (required)	Name	Social Security No.
	_____	_____

Custodial (required)	Name	Social Security No.
	_____	_____

I/We would like to apply for the following Certificate of Deposit:

Term	<input type="radio"/> 3 month
	<input type="radio"/> 6 month
	<input type="radio"/> 9 month
	<input type="radio"/> 1 year
	<input type="radio"/> 2 year
	<input type="radio"/> 3 year
	<input type="radio"/> 5 year

Amount \$	_____
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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 Carver State Bank within sixty (60) days, then Carver State 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 Certificate of Deposit listed above. As a Certificate of Deposit 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 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 Carver State Bank.

I agree to give Carver State Bank written notice immediately upon change of my name, address, or any other pertinent information contained herein.

(required)

I/We AGREE with the above statement