

Equal Housing Lender | Member FDIC Privacy Statement

Personal Checking/Savings Account Application

First Name:	Last Name:
Submitted on:	

Currently, we are only accepting online applications from within the state of Georgia. 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.

TELEPHONE, TEXT AND EN	MAIL COMMUNICATIONS AC	NOWLEDGEMENT	
CREDITOR			
CARVER STATE BANK 701 MARTIN LUTHER KING SAVANNAH, GA 31415 Telephone: (912) 447-4200 Organized and existing under			
We thank you for your busine			ongoing business relationship for your a representative of others.
To accomplish this, we may r	need to contact you from time t	o time by telephone, text messaging	or email about Your Account.
In contacting you about Your	Account throughout its existen	ce, we may use any telephone num	bers or email addresses that:
You have previously provideYou have provided below; aYou may subsequently prov		business relationship;	
specialized mobile radio serv acknowledge that we may co	ice, other radio common carrie	r service or any other service for wh ext messaging or email. You furthe	ng service, a cellular wireless service, a ich you may be charged for the call. You r acknowledge that we may use pre-
If necessary, you may changusing any reasonable means	e or remove any of the telepho to notify us. We thank you ag	ne numbers, email addresses or oth ain for your business and this oppor	er methods of contacting you at any time tunity to serve you.
By clicking "I Consent" you agree to receive communications by telephone, text and/or email from Carver State Bank. (required)	O I Consent		
Primary Joint Account Holder Information			
First Name		Middle Initial	Last Name
Date of Birth	Social Se	ecurity No.	Your E-mail Address
Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue
Employer		Mother's Maider	n Name
	Home Phone		Work Phone

Address Information Subject to backup withholding	Address Line 1 Address Line 2 City Yes No	State	ZIP Code
		Holder (with right of survivorship)	
First Name	•	Middle Initial	Last Name
Date of Birth		ecurity No.	Your E-mail Address
Driver's License No.			Driver's License Date of Issue
Employer Mother's Maiden Name		en Name	
	Home Phone		Work Phone
Address Information	Address Line 1 Address Line 2 City	State	ZIP Code
Subject to backup withholding	○ Yes ○ No		
		ount Titling Information	
(required)	O Individual O Joint O In Trust For O Custodial		
In Trust For (required)	Name	Soci	al Security No.

Custodial (required)	Name	Social Security No.
	L/Ma would like to or	oply for the following account(s):
Checking Accounts	Regular Checking Premier Checking NOW Checking Advantage Checking Advantage Plus Checking Senior Checking Second Chance Checking Other:	ply for the following account(s):
Savings Accounts	First Savings Convenience Savings	
Money Market Accounts	Money Market Account	
Visa Check/ATM Card	Visa Check Card ATM Card	
Visa Check Card	O 1 O 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, 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.

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 Carver State Bank.

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, employment or any other pertinent information contained herein.

(required)	I/We AGREE with the above statement