



## Certificate of Deposit Application

First Name:

Last Name:

Submitted on:

**Privacy Policy:**

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

**Please be aware that the First National Bank of Waterloo's regular service areas are in the following counties: in IL - Bond, Clinton, Effingham, Fayette, Madison, Marion, Monroe, Randolph, Shelby, St. Clair and Washington counties and in MO - St. Louis and St. Charles counties and St. Louis City. If you are outside of our service area, we will contact you for further consideration as we decide whether we can provide you with account services at this time.**

**All new accounts are verified through Onboard Advisor before opening.**

**Important Information about Procedures for Opening a New Account**

Identification Procedures Requirements: 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 identifies each person who opens an account.

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.

**Security Notice:**

You should ONLY fill out this Application online if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

**Time Restriction Notice:**

Online account applications will remain valid for 10 calendar days from the day of submission. After 10 days, if our financial institution does not receive communication back from the applicant(s), the application will become null and void and a new application must be submitted.

**Instructions:**

1. Complete Application and click "Submit Application" or print and drop it off at any banking center.
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 account documents. You may also be requested to provide your Social Security card and Driver's License, or other documentation.

**Primary Account Holder Information**

**First Name**

**Middle Initial**

**Last Name**

Address Line 1

Address Line 2

City

State

ZIP Code

Address Information

Preferred Location (required)	
If out of market area resident, why are you choosing FNBW?	

Date of Birth	Social Security No.
_____	_____

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

Home Phone	Work Phone	Cell Phone	Employer	Occupation
_____	_____	_____	_____	_____

Email Address	_____
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**Joint Account Holder Information**

First Name	Middle Initial	Last Name
_____	_____	_____

Address Information	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____
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Date of Birth	Social Security No.
_____	_____

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

Home Phone	Work Phone	Cell Phone	Employer	Occupation
_____	_____	_____	_____	_____

Email Address	_____
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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 <input type="radio"/> Payable On Death
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In Trust For (required)	<b>Name</b>	<b>Social Security No.</b>		
	_____	_____		
Custodial (required)	<b>Full Name (Include Middle Initial)</b>	<b>Social Security No.</b>	<b>Address</b>	<b>Phone Number</b>
	Custodian _____	_____	_____	_____
Payable On Death (required)	<b>Full Name (Include Middle Initial)</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Phone Number</b>
	Beneficiary 1 _____	_____	_____	_____
	Beneficiary 2 _____	_____	_____	_____
	Beneficiary 3 _____	_____	_____	_____
	Beneficiary 4 _____	_____	_____	_____

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

Amount \$	_____
Term	<input type="radio"/> 3 Month <input type="radio"/> 6 Month <input type="radio"/> 12 Month <input type="radio"/> 15 Month <input type="radio"/> 17 Month <input type="radio"/> 24 Month <input type="radio"/> 33 Month <input type="radio"/> 34 Month <input type="radio"/> 36 Month <input type="radio"/> 48 Month <input type="radio"/> 60 Month <input type="radio"/> 18 Month Variable (IRAs only)

**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 information about me or my accounts with First National Bank of Waterloo.  
**I/We AGREE with the above statement.**