

## Deposit Account Application Form

First Name:	Last Name:				
Submitted on:					
Privacy Policy: Our privacy policy protects the Account Applicants must be leader to the Important Information about F Identification Procedures Reclaw requires all financial instite What this means for you: When allow us to identify you. We need to security Notice: You should ONLY fill out this latest version, download a collinstructions: 1. Complete Application and collinstructions: 2. To safeguard your privacy,	Procedures for Opening a New quirements: To help the gover tutions to obtain, verify, and reen you open an account, we may also ask to see your driver Application on-line if you are py now.  Click "Submit Application" or for QUIT your browser and restarts.	w Account rement fight the funding of te ecord information that identifi will ask for your name, addre er's license or other identifyin using a browser with the late	ves.  Trorism and money laundering activities, Feders each person who opens an account.  ss, date of birth, and other information that w	rill the	
memory when you quit your base. We will contact you at the obe requested to provide photo.	email and phone number pro ocopies of your Social Securi	ty card and Driver's License,	olication within three business days. You may or other documentation.	/ also	
	Primary	Account Holder Information			
First Name		Middle Initial	Last Name		
Date of Birth	Social S	Security No.	Your E-mail Address		
Driver's License No	o. Driver's Li	cense State	Driver's License Expiration Date		
Primary P	hone	Work Phone	Cell Phone		
Physical Address (required)	Address Line 1 Address Line 2				

Mailing Address-if different	Address Line 1							
Maining Address-II different	Address Line 2							
	City	State	ZIP Code					
Joint Account Holder If Applicable (with right of survivorship)								
First Name		Middle Initial	Last Name					
Date of Birth	Socia	al Security No.	Your E-mail Address					
_								
Driver's License No	o. Driver's	s License State	Driver's License Expiration Date					
		-						
Primary P	'hone	Work Phone	Cell Phone					
Physical Address	Address Line 1							
	Address Line 2							
	City	State	ZIP Code					
Mailing Address-if different	Address Line 1							
	Address Line 2							
	City	State	ZIP Code					
		Account Titling Information						
	I/We would I	like to apply for the following acco	ount(s):					
Checking Accounts	Community Heroes							
	First Rate							
	Money Management							
	Student							
	Youth Electronic							

Savings Accounts	Community Builder			
	Community Heroes			
	First Rate			
	Money Plus			
	☐ Statement ☐ Student			
Certificate of Deposit	\$2,500-\$9,999 \$10,000-\$99,999			
	\$100,000-\$249,999			
	\$250,000+			
Visa Check Card-Select Account Holder for which to	O Primary Account Holder			
order	O Joint Account Holder			
(1) the number shown on this (2) I am not subject to backu (a) I am exempt from back (b) I have not been notified (c) the IRS has notified may (d) the IRS has notified may (d) the IRS has notified may (exemple) and I am a U.S. person (included the IRS that you are no longed I understand that if I do not possible to the IRS that you are no longed I understand that if I do not possible the IRS that you are no longed I understand that if I do not possible the IRS that you are no longed I understand that if I do not possible that all information given is contact that all information given is contact that all information, and all personal identification number that all information, and all personal identification of different that all information, and all personal identification in the contact that all information given is contact that all information, and all personal identification in the contact that all information given is contact that the provided may be a subject to the terms and contact that the provided may be a subject to the terms and contact that the provided may be a subject to the terms and contact that the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may be a subject to the terms and contact the provided may bea	d 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 ding U.S. resident alien).  If u 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 a subject to backup withholding.  If it is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I are. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify orrect. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by one 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			
(required)	I/We AGREE with the above statement			