



New Account Information Sheet

IMPORTANT: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Account Type (choose one)

Freedom Interest Shield Gold Money Market Savings

Ownership Of Account (choose one)

Individual Trust Joint (Survivorship) Joint (No Survivorship) UTMA Other

Account Owner

First Name: _____ MI: _____ Last Name: _____
 Physical Address: _____
(Must be provided. Cannot be a Post Office Box)
 Mailing Address: _____
 City, State, Zip: _____
 Social Security Number: _____ DOB: _____
 Are you a US Citizen If no, what country are you a citizen of? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Driver's License Number: _____ State: _____ Expiration Date: _____
 Email Address: _____
 Employer: _____ Phone Number: _____
 Occupation: _____ Time at present employment: _____

Joint Owner / Authorized Signer

First Name: _____ MI: _____ Last Name: _____
 Physical Address: _____
(Must be provided. Can not be a Post Office Box)
 Mailing Address: _____
 City, State, Zip: _____
 Social Security Number: _____ DOB: _____
 Are you a US Citizen If no, what country are you a citizen of? _____
 Home Phone: _____ Cell Phone: _____ Other: _____
 Driver's License Number: _____ State: _____ Expiration Date: _____
 Email Address: _____
 Employer: _____ Phone Number: _____
 Occupation: _____ Time at present employment: _____

Do you want to add a beneficiary to this account?

Name(s)	Relationship	SSN	DOB
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Anticipated Account Activity (check all that apply)

Cash Deposits ACH Withdrawals
 Cash Withdrawals ATM Withdrawals
 Check Deposits Will you send wire transfers? If yes, Domestic _____ Foreign _____
 ACH Deposits Will you receive wire transfers? If yes, Domestic _____ Foreign _____

Applicant's Signature	Date	Authorizer Signer	Date
Joint Applicant's Signature	Date	Authorizer Signer	Date