



# FIRST STATE BANK OF ROSEMOUNT

## NEW PERSONAL ACCOUNT APPLICATION

### APPLICANT INFORMATION

Important information about procedures for opening a new account as required by the USA PATRIOT ACT. 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 to you: 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.

**Member FDIC**

**Type of account applying for:**  Checking  Money Market  Savings  Other

**How did you hear about us?**  Website  Direct Mailing  Other  
 We were referred by: \_\_\_\_\_

Please print Full Legal Name

**First Name:**

**Middle Name:**

**Last Name:**

**Date of Birth:**

**Social Security #:**

**Driver's License #:**

**Physical Address** (No PO Boxes):

Street City State Zip

**Mailing Address** (If different from physical):

Street or PO Box City State Zip

**Home Phone:**

**Cell Phone:**

**Work Phone:**

**Email Address**

### EMPLOYMENT INFORMATION

**Current Employer:**

**Occupation:**

(If Retired or Unemployed, what was your occupation)

**Employer's Address**

Street City State Zip

### OTHER APPLICATION INFORMATION

**Name of a relative residing with you:**

**Relationship:**

**Phone:**

#### COMPLETE ONLY IF APPLYING FOR CHECKING OR MONEY MARKET ACCOUNTS

Minnesota Law requires that the following information be provided by one applicant if you are applying for a transaction (checking or Money Market) account. If you make a false statement in this document that you do not believe to be true, you are guilty of perjury.

1) Have you had a transaction account at this or another financial intermediary within 12 months before making this application?  
 No  Yes If Yes, please list the name of that financial institution \_\_\_\_\_

2) Have you had a transaction account closed by this or another financial intermediary **without** your consent within 12 months before making this application?  
 No  Yes If Yes, please list the name of that financial institution \_\_\_\_\_

3) Have you been convicted of a criminal offense because of the use of checks or other similar items within 24 months of making this application?  No  Yes If Yes, please list the name of that financial institution \_\_\_\_\_

Everything I have stated in this application is correct. I understand that I may be guilty of perjury if I made any misstatements. I also understand that you will retrain this application whether or not approved. You are authorized to check my credit and employment history to answer questions about your experience with me.

**Signature of Applicant:**

**Date:**