



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 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 retain 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:** _____