



NEW CUSTOMER INFORMATION SHEET

Member
FDIC

Branch Use Only

Branch # _____ CIF# _____ Date: _____
Empl Initials: _____ Account Number: _____

CUSTOMER NAME & ADDRESS

Last Name (Fill in information Below) First Middle (As it appears on your ID) Date of Birth: MM/DD/YYYY

Mailing Address

Street Lot#/Apt# City State Zip

Physical Address (No PO Box – We must have a physical address)

Street Apt# City State Zip

Cell Phone: Home Phone Email Address:

Social Security Number: Employer: Occupation: Work Phone:

Are you a U.S. Citizen? Yes No* *If "NO" Complete page2.

POD BENEFICIARY INFORMATION

The POD Beneficiary must be listed on the most recent executed account signature card. ID info must be completed in full. Any account balance will be divided between all listed Beneficiaries after the passing of all account Owners.

Name: Percentage % Relationship: ID INFO: SS# & Phone or DOB

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ACCOUNT SERVICES Must be Completed by Customer Only

I am interested in the Following Services:

Direct Deposit Overdraft Protection Visa CheckCard Online Banking Checks*
*(May only order checks after deposit requirements have been met.)

PRIVATE ACCESS CODE (PVT)

Please select a 4-digit number that cannot be guessed easily. Consecutive numbers, your date of birth, or year you graduated are strongly discouraged. This number will be used to help identify you as the owner of your account in an effort to secure your financial information. This number should not be the same number you use as your ATM PIN Number and should never be shared or stored in your wallet or purse.

Each individual signer on each account will be asked to select his/her own Private Access Code. Please do not share this with anyone other than a FSNB Employee. If you already have a PVT, you do not need to select another one unless you wish to change it.

Customer Signature

Date

The signature on this form is an acknowledgment that the information provided above is both current and accurate. Bank mail will be sent to the above listed mailing address. FSNB, National Association is required by law, including the USA PATRIOT ACT, to obtain, verify, and record identification and other information about you while processing your account application. Identification and other information will be requested of individuals opening new accounts and those with existing accounts. In all cases, the protection of our customer's identity and confidentiality is FSNB's pledge to you. In the event that we are unable to verify the information you provide, a FSNB representative may call you at the phone number you provided to further verify your information. We may restrict or prohibit further use of your account if you fail to comply with the requirements necessary to verify your identity. If we are unable to verify your identity, we may close your account.

TELL US HOW YOU HEARD ABOUT US

Branch Advertising FSNB.com Online Search Family or Friend _____
(Please print. For a referral to be paid, you must write the referring customer's first and last name).

Community Event YouTube FSNB Employee Other _____

Non-U.S. Citizen Information Sheet.

Are you a resident of the United States? YES No

***If you are not a resident, please complete this form in its entirety. You must also complete Form W-8 BEN (Form W-8 BEN is available at the branch). Failure to complete both forms may result in the closure of your account.**

In what country are you a citizen

Are you or any of your relatives or associations connected to a government of a country other than the U.S.? YES NO

If Yes, Please list country and association.

What type of items do you expect to be deposited into the account? (e.g. Cash, Checks, Direct Deposit, Wires, etc.):

What methods do you expect to use to remove funds from the account? (e.g. Checks, ATM, Debit Card, Wires, etc.):

Will any financial transactions affecting this account originate or have a destination outside of the U.S.? YES NO

If yes, please list country or countries and types of transactions.

What is the expected monthly deposit account activity volume? \$

How many transactions will be conducted through this account on a monthly basis?

What is your source of wealth (salary, investments income, etc.?)

The information I have provided is correct to the best of my knowledge.

Signature

Date