



Dear Customer:

To qualify for a new account, it is necessary for you to complete the enclosed forms and return the necessary paperwork indicated below.

- A copy of current, valid government-issued identification for each signer
 - Examples are state ID cards, state driver's licenses, or U.S. passports.
 - Please do not include copies of military IDs.
- A completed Notary Affidavit
 - This form is used to confirm your identity and the ID you are sending for your account. Please have the notary public include their stamp or seal on the form. One must be completed for EACH signer.
- A completed New Customer Information Sheet
 - Please identify whether you would like a Career Checking account, a Savings account, or both.
 - If not currently employed, list your occupation as "Retired [Previous Occupation.]"
- A completed Credit Report Authorization

Please complete the above checklist and mail to the following address.

FSNB, National Association
Attn: Veterans Help Desk
P.O. Box 33009
Fort Sill, OK 73503

If you have any questions regarding the enclosed forms, please contact the Veterans Help Desk at 1-866-807-9848 or at veterans@fsnb.com.

Sincerely,

Veterans Help Desk

NOTARIZE AND RETURN

NOTARY AFFIDAVIT OF IDENTITY

FSNB, N. A. **PO BOX 33009** FORT SILL, OK 73503

I attest that _____ appeared before me and that I personally examined
____ his ____ her valid (1) government-issued, photo identification and signature as noted below.

- 1) Identification is not acceptable if (1) there is no photo, (2) any of the information required below is missing, or (3) expiration date has passed.
- 2) Only one of the following types of ID is required, but all seven fields for that ID **must be completed.**

Type of Identification	Issued By (2)	Name On ID Matches?	Number	Date Issued	Date of Expiration	Date of Birth
<input type="checkbox"/> US Driver's License	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> US State ID	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> US Military ID	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> US Alien Registration	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> US Passport	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> US Tribal Card	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Other	_____ (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

X _____
Customer's Signature

- (1) Valid identification means:
 - 1 Contains a photograph of the person listed above, **and**
 - 2 ID has same name as above, **and**
 - 3 ID has not been noticeably altered, **and**
 - 4 ID has not expired, **and**
 - 5 ID has been issued by one of the following:
 - a) Our Federal Government, **or**
 - b) State government, **or**
 - c) US Territory (District of Columbia, Guam, North Marianas, American Samoa, Puerto Rico, St Thomas, St John, or St Croix), **or**
 - d) US Government (presenting passport as ID), **or**
 - e) Native American Tribe (presenting tribal ID)
- (2) "Issued by" means: Which state, government or tribe issued the ID.

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____ 20 ____

MY COMMISSION EXPIRES _____ 20 ____

NOTARY PUBLIC SIGNATURE

PRINT NAME

NOTARY SEAL/STAMP

*** ATTACH COPY OF FRONT AND BACK OF ID AND ANY DOCUMENTS USED TO VERIFY IDENTIFICATION ***



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

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



Credit Report Authorization

Revised 07/02/18

Name: _____ SSN: _____ DOB: _____
 First MI Last

Name: _____ SSN: _____ DOB: _____
 First MI Last

Name: _____ SSN: _____ DOB: _____
 First MI Last

Name: _____ SSN: _____ DOB: _____
 First MI Last

*Address: _____ City: _____ State: _____ Zip: _____

By signing below, I authorize FSNB to obtain a credit investigation to be made from a consumer reporting agency and any other source to include employment verification to be considered as part of this application.

(Name/Title) (Identifying Information)

(Name/Title) (Identifying Information)

(Signature)

(Signature)

(Name/Title) (Identifying Information)

(Name/Title) (Identifying Information)

(Signature)

(Signature)

*Current Address:
If current address is a PO Box, please provide a physical street address: