NEW MARKET BANK

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 for you: When you open an account, 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 you applying for: ☐ Checking ☐ Money Market ☐ Savings ☐ Health Savings Account ☐ Other

How did you hear about us: ☐ Website ☐ Direct Mailing ☐ Prior Lake American ☐ Lakeville Patch
☐ InFocus Newsletter ☐ Other: _____
☐ We were referred to you 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 not residing with you:

Relationship:	Phone:

Security Code for Identification: (Max of 12 Characters)	Hint Phrase:

COMPLETE ONLY IF APPLYING FOR CHECKING, MONEY MARKET SAVINGS or HEALTH SAVINGS ACCOUNT

Minnesota Law requires the following information be provided by one applicant if you are applying for a transaction (checking, Money Market or Health Savings) 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 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 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 institution: _____

I hereby authorize New Market Bank to obtain a consumer report that relates to this application.
I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I understand if the information requested is not provided within 30 days, my account may be closed.

Signature of Applicant:	Date: