



Account # _____

Employee Initials _____

New Account Application

Date _____

Applicant:

Name _____

Social Security # _____

DL# _____

State _____ Issue _____ Expire _____

D/O/B _____ Birth City _____

Street Address (include PO Box) _____

Phone _____ Cell Phone _____

Email Address _____

Occupation _____

Employer Name _____

Address _____

Phone _____

Mother's Maiden Name _____

Co-Applicant or POA:

Name _____

Social Security # _____

DL# _____

State _____ Issue _____ Expire _____

D/O/B _____ Birth City _____

Street Address (include PO Box) _____

Phone _____ Cell Phone _____

Email Address _____

Occupation _____

Employer Name _____

Address _____

Phone _____

Mother's Maiden Name _____

What is the intended purpose for opening this account?

For the purpose of obtaining a new account at the Alliance bank by the depositor(s) named above, the undersigned, jointly and severally, represent that the above statements are true and complete, and authorized Alliance bank to obtain information regarding my identity, credit history, and other banking history from a consumer reporting agency and obtain additional information concerning our account standing and furnish the same to others, to answer any question about our experience and other financial relationships with the account holder and agree to the provisions of any rules, regulations or agreements of the account holder. The undersigned understand that it may be a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, under the provisions of Title 19 United States Code, Section 1014.

Politically Exposed Person: Are you or co-applicant, a senior political figure within a country other than the United States OR are you or co-applicant a close friend, spouse or immediate family member to a senior political figure within a country other than the United States?

Yes _____ or No _____ (If yes, please specify which applicant(s) and the name of the country and specific name or territory office represents, name of politician, and title of office held.) _____

Signature of Applicant(s):

X _____ Date _____

X _____ Date _____

Office Use

Approved/Denied by _____

Reason for denial _____