

SUNSET BANK & SAVINGS

PERSONAL ACCOUNT INFORMATION

Type of Account: _____ Today's Date: _____

Primary Name: _____ Phone Number: _____
(Tax Reporting Owner)

Street Address: _____

City: _____

State: _____ Zip: _____

Social Security: _____ Date of Birth: _____

Driver's License: _____ DL Issue Date: _____

DL Expiration Date: _____ Mother's Maiden Name: _____

Employer: _____ Employer Ph. Number: _____

Keycode: _____

(A keycode is a security code or phrase and can be alpha or numeric up to 26 characters)

Secondary Name: _____ Phone Number: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Social Security: _____ Date of Birth: _____

Driver's License: _____ DL Issue Date: _____

DL Expiration Date: _____ Mother's Maiden Name: _____

Employer: _____ Employer Ph. Number: _____

Keycode: _____

(A keycode is a security code or phrase and can be alpha or numeric up to 26 characters)

Additional Account Options

Debit Card: Yes / No

Telephone Banking: Yes / No

Beneficiaries: Yes / No

(If Yes, Please indicate name(s) on page 2)

Primary Beneficiaries

Beneficiaries can be named on any depository account. A beneficiary can only access the funds in the event the account owner(s) are deceased. If naming a beneficiary understand this will supersede a will.

<u>Name</u>	<u>D.O.B.</u>	<u>Social Security Number</u>	<u>Relationship</u>

Account Owner Signature: _____ Date: _____

Account Owner Signature: _____ Date: _____

Please attach photocopies of the drivers license(s) to assist in the new account opening process. Accounts will be opened in the order are received and Customer(s) will be contacted as soon as the new account(s) are ready for signing. By completing this form it does not guarantee the account can or will be opened.

BY: _____
(NAME OF EMPLOYEE ACCEPTING INFORMATION)