

CONSUMER ACCOUNT APPLICATION

ACCOUNT TYPE, OWNERSHIP AND SERVICES			
Account Type / Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form of Ownership	<input type="checkbox"/> Joint No Survivorship (Tenants in Common)	<input type="checkbox"/> Other (describe below)	
<input type="checkbox"/> Individual	<input type="checkbox"/> Payable on Death (POD) (Beneficiaries Page 2)	<input type="checkbox"/> Other (describe below)	
<input type="checkbox"/> Joint with Survivorship (Joint Tenancy)	<input type="checkbox"/> Uniform Transfer to Minors Act (TUTMA)	<input type="checkbox"/> Other (describe below)	
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT INFORMATION				
		<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer	Cust Number:
Last Name	First Name, MI	Social Security Number	Date of Birth	
Street Address (Residence, No Post Office Boxes)		City	State	ZIP
Mailing Address (If Different from Street Address)		City	State	ZIP
Email Address	Telephone (Home)	Telephone (Work)	Telephone (Mobile)	
Employer		Occupation / Profession / Title		

CO-APPLICANT INFORMATION				
		<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer	Cust Number:
Last Name	First Name, MI	Social Security Number	Date of Birth	
Street Address (Residence, No Post Office Boxes)		City	State	ZIP
Mailing Address (If Different from Street Address)		City	State	ZIP
Email Address	Telephone (Home)	Telephone (Work)	Telephone (Mobile)	
Employer		Occupation / Profession / Title		

CERTIFICATIONS Each of the undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application at any time. Untrue statements or misrepresentations may result in the termination of this account.

Applicant Signature X	Date
Co-Applicant Signature X	Date

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify, and record information which identifies each person who opens an account. When an account is opened by a new customer, we will request name, address, date of birth and other information which allows us verify identity. We may also require presentation of a driver's license, passport or other ID documents.

TO OPEN A NEW ACCOUNT, you must provide a taxpayer identification, social security or other identifying number and one of the identification documents listed below. Bank personnel may, at their discretion, request other documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements.

ONLINE BANKING Customers requesting online banking services authorize the Bank to establish internet access by authorized signers to all accounts covered by this application, except as otherwise specified in writing. Use of online banking services is governed by deposit account disclosure and such other terms and conditions, or amendments thereto, as may be established by the Bank and communicated to the customer, in writing. Account security is based on customer log-in ID and Personal Identification Number (PIN). A customer PIN must be changed the first time he or she logs in for online account access. Customers agree to protect the confidentiality of the log-in ID and PIN and to hold the Bank harmless in the event of unauthorized use or access. All information downloaded by customers becomes their personal property and their responsibility.

1. Current Texas or other State Driver's License or Photo ID Card
3. Current United States Military ID with photograph
2. Current U.S. or Other Passport
4. Permanent Resident Card, also referred to as a "Green Card"

Applicant(s)	Application Date
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ACCOUNT PURPOSE AND ANTICIPATED TRANSACTION TYPES

1. Anticipated use(s) of this account: Personal / Household Investments Commercial / Business Other

2. Will funds be wire transferred into this account from other U.S. financial institutions on a regular basis? Yes No

3. Will funds be wire transferred into this account **from foreign financial institutions** on a regular basis? Yes No

4. Will funds be wire transferred **from** this account to other U.S. or foreign financial institutions on a regular basis? Yes No

5. Will currency in amounts of \$5,000 or more be **deposited** in this account on a regular basis?..... Yes No

6. Will currency in amounts of \$5,000 or more be **withdrawn** from this account on a regular basis?..... Yes No

BENEFICIARIES (Required for POD and IRA CD Accounts)

Name	Social Security Number	Relationship	P or C	%
Beneficiary 1 Street Address	City	State	ZIP Code	Date of Birth
Name	Social Security Number	Relationship	P or C	%
Beneficiary 2 Street Address	City	State	ZIP Code	Date of Birth
Name	Social Security Number	Relationship	P or C	%
Beneficiary 3 Street Address	City	State	ZIP Code	Date of Birth

FOR BANK USE

Account Number	Account Product	Initial Deposit Amount	Initial Deposit Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other
ATM Limit	CheckCard Limit	OD Protection Limit	Consumer Rept Date
Cons Report By	Consumer Report Decision <input type="checkbox"/> Accept <input type="checkbox"/> Decline <input type="checkbox"/> Investigate		
Opened By	Reviewed By	Branch	Officer
Consumer Report or Checking Verification Notes			
Customer ID Verification – Applicant			
Identification Type	ID Number	Issued By	Issue Place
ID Issue Date	ID Expiration Date		
CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)	
OFAC / Gvt List	List Date	BSA / AML / OFAC Risk Designation	PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	ID Security Question		
Place of Birth	ID Security Answer		
Customer ID Verification – Co-Applicant			
Identification Type	ID Number	Issued By	Issue Place
ID Issue Date	ID Expiration Date		
CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)	
OFAC / Gvt List	List Date	BSA / AML / OFAC Risk Designation	PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	ID Security Question		
Place of Birth	ID Security Answer		
Comments			

