## ACCOUNT INFORMATION WORKSHEET



Utilize this worksheet to collect all of the account information for your new account in one place. Then bring this worksheet with you when you open your account to make the opening process a breeze. All Owners, Transactors, and Information Users will need to be present at account-opening to sign the Member Service Agreement.

Owner or Additional Owner	Ownership of the funds in the account as well as the ability to take action, conduct transactions, and use the account products and services.
Transactor	Designated by an Owner or Additional Owner to conduct transactions on the account.
Information User	Designated by an Owner or Additional Owner to access information about the account products and services used by the Owner, Additional Owner(s), and Transactor(s).
Beneficiary	A person or organization designated by an Owner or Additional Owner to receive the funds upon the death of the Owner (or last Additional Owner) on an account.

<b>OWNER 1 INFORMATION</b>									CURRENT MEMBER WITH ACCU? ■ Yes ■ No
LEGAL NAME (match to ID provided):			SSN:			DOB:			MOTHER'S MAIDEN NAME:
PHYSICAL ADDRESS: CIT		CITY:	CITY:		STATE:	: ZIP:			HOME PH:
MAILING ADDRESS (if applicable):		CITY:	NTY:		STATE:	ZIP:			CELL PH:
DRIVER'S LICENSE #:	E#: DL STATE: DL ISS:		SS: DL EXP:			EMAIL:			
EMPLOYER / RETIRED FROM:			OCCUPATION / PROFESSION:						WORK PHONE:
■ ADDITIONAL OWNER	■ TRANSA	CTOR	■ INFORMA	ATION US	SER				CURRENT MEMBER WITH ACCU? ■ Yes ■ No
LEGAL NAME (match to ID provided):			SSN:			DOB:			MOTHER'S MAIDEN NAME:
PHYSICAL ADDRESS:		CITY:	CITY:		STATE:	: ZIP:			HOME PH:
MAILING ADDRESS (if applicable):		CITY:			STATE:	ATE: ZIP:			CELL PH:
DRIVER'S LICENSE #:	DL STATE:	DL ISS:		DL EXP:			E	EMAIL:	
EMPLOYER / RETIRED FROM:			OCCUPATION / PROFESSION:						WORK PHONE:
■ ADDITIONAL OWNER	■ TRANSAC	CTOR	■ INFORMA	ATION US	SER				CURRENT MEMBER WITH ACCU? ■ Yes ■ No
■ ADDITIONAL OWNER  LEGAL NAME (match to ID provided):	■ TRANSA(	CTOR	INFORMA SSN:	ATION US		OOB:			CURRENT MEMBER WITH ACCU? ■ Yes ■ No MOTHER'S MAIDEN NAME:
	■ TRANSAC	CITY:		ATION US		OOB:			
LEGAL NAME (match to ID provided):	■ TRANSAC			ATION US					MOTHER'S MAIDEN NAME:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:	TRANSA(	CITY:		DLEXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME: HOME PH:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:  MAILING ADDRESS (if applicable):		CITY:		DL EXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME: HOME PH:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:  MAILING ADDRESS (if applicable):  DRIVER'S LICENSE #:  EMPLOYER / RETIRED FROM:		CITY:	SSN:	DL EXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME:  HOME PH:  CELL PH:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:  MAILING ADDRESS (if applicable):  DRIVER'S LICENSE #:		CITY:	SSN:	DL EXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME:  HOME PH:  CELL PH:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:  MAILING ADDRESS (if applicable):  DRIVER'S LICENSE #:  EMPLOYER / RETIRED FROM:  BENEFICIARY		CITY:	SSN:	DL EXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME:  HOME PH:  CELL PH:  WORK PHONE:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:  MAILING ADDRESS (if applicable):  DRIVER'S LICENSE #:  EMPLOYER / RETIRED FROM:  BENEFICIARY  LEGAL NAME:		CITY:	SSN:	DL EXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME:  HOME PH:  CELL PH:  WORK PHONE:
LEGAL NAME (match to ID provided):  PHYSICAL ADDRESS:  MAILING ADDRESS (if applicable):  DRIVER'S LICENSE #:  EMPLOYER / RETIRED FROM:  BENEFICIARY  LEGAL NAME:  RELATIONSHIP TO OWNER 1:		CITY:	SSN:	DL EXP:	STATE:	ZIP:	:	EMAIL:	MOTHER'S MAIDEN NAME:  HOME PH:  CELL PH:  WORK PHONE: