



First State Bank
of Northwest Arkansas

PERSONAL ACCOUNT APPLICATION

For Office Use Only	
Opened By:	Account Number:
Place Bar Code Here	

As required by the USA Patriot Act, Important Information about opening a New Account: 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 you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

1.) Please choose the types of accounts you are interested below:

- Savings Minor Savings CD IRA Club Account-Christmas/Vacation
- Regular Checking Account Freedom Checking 50+ Checking NOW/Super NOW Checking
- Money Market Super Money Market Money Market Prestige Safe Deposit Box

2.) Are you Interested in the following Services:

- Internet Banking Bill Pay ATM Debit Cards

Initial Deposit Amount: \$ _____ Source of Funds: _____

3.) Please choose the following type of account ownership:

- Individual Joint with Survivorship Joint with No Survivorship Custodial

4.) Are you interested in purchasing checks for this account? _____

5.) PRIMARY ACCOUNT HOLDER INFORMATION

Mr. Mrs. Ms. Dr. Name	(First)	(Middle)	(Last)
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	
Drivers License, State Id, or Passport Number	Issue Date	Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name	Employer's Address	Occupation	

6.) ADDITIONAL ACCOUNT HOLDER INFORMATION

Mr. Mrs. Ms. Dr. Name	(First)	(Middle)	(Last)
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	
Drivers License, State Id, or Passport Number	Issue Date	Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name	Employer's Address	Occupation	

Signatures are required on back or 2nd page of this form.

Primary Account Holder Name _____

7.) ADDITIONAL ACCOUNT HOLDER INFORMATION

Mr. Mrs. Ms. Dr. Name	(First)	(Middle)	(Last)
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	
Drivers License, State Id, or Passport Number	Issue Date	Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name	Employer's Address	Occupation	

8.) ADDITIONAL ACCOUNT HOLDER INFORMATION

Mr. Mrs. Ms. Dr. Name	(First)	(Middle)	(Last)
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	
Drivers License, State Id, or Passport Number	Issue Date	Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name	Employer's Address	Occupation	

Please attach additional sheets for additional signers if needed

9.) Will you have a Pay-On-Death Beneficiary on this account? If so, please list the information below:

Mr. Mrs. Ms. Dr. Name	(First)	(Middle)	(Last)	Telephone Number
Mailing Address			City, State, Zip Code	% Beneficiary Designation Received
Mr. Mrs. Ms. Dr. Name	(First)	(Middle)	(Last)	Telephone Number
Mailing Address			City, State, Zip Code	% Beneficiary Designation Received

Please note the above Beneficiary Designations must equal 100%

I understand that under the USA Patriot Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing notice, close the account. I certify that I am aware that restricted internet gambling transactions are prohibited from being processed through the account or relationship. The information I have provided is correct to the best of my knowledge. I authorize First State Bank of NWA to check credit and/or employment history should it deem necessary. Verification of all account information is provided by Chexsystems.

10.) SIGNATURE(S) REQUIRED

AUTHORIZED SIGNATURE	PRINT NAME	DATE
AUTHORIZED SIGNATURE	PRINT NAME	DATE
AUTHORIZED SIGNATURE	PRINT NAME	DATE
AUTHORIZED SIGNATURE	PRINT NAME	DATE

