

Personal Deposit Account Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

The USA PATRIOT Act, federal legislation passed to help the government fight the funding of terrorism and money laundering activities, requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and tax identification number. We may also ask to see your driver's license or other identifying documents that will allow us to identify you.

Primary Account Owner Name _____
Address (not PO Box) _____
City _____ State _____ ZIP Code _____
Home Phone Number _____ Work Phone Number _____
Cell Phone Number _____ E-Mail Address _____
Social Security Number _____ Date of Birth _____
Driver's License or ID Number _____
Issued by State of _____ Issue Date _____ Expiration Date _____
Employer _____
Employer's Address _____
Source of Deposits to Account (salary, commissions, investments, etc.) _____
Are you are subject to backup withholding per the IRS? Yes No

Secondary Account Owner Name _____
Address (not PO Box) _____
City _____ State _____ ZIP Code _____
Home Phone Number _____ Work Phone Number _____
Cell Phone Number _____ E-Mail Address _____
Social Security Number _____ Date of Birth _____
Driver's License or ID Number _____
Issued by State of _____ Issue Date _____ Expiration Date _____
Employer _____
Employer's Address _____
Source of Deposits to Account (salary, commissions, investments, etc.) _____

Beneficiary on Account(s) _____
Address (not PO Box) _____
City _____ State _____ ZIP Code _____
Social Security Number _____ Date of Birth _____

If you are applying for a transaction (checking) account, Minnesota law requires that we ask the following three questions. If you make a false statement, you may be found guilty of perjury.

Have you had a transaction account at this or another financial institution within 12 months before making this application? Yes No

If yes, name of financial institution: _____

Have you had a transaction account closed by a financial institution without your consent within 60 months before making this application? Yes No

If yes, reason: _____

Have you been convicted of a criminal offense because of the use of a check or similar item within 24 months before making this application? Yes No

How did you find out about Private Bank Minnesota? _____

Accounts and Services You Would Like Now

<input type="checkbox"/>	Checking
<input type="checkbox"/>	Money Market Savings
<input type="checkbox"/>	Certificate of Deposit
<input type="checkbox"/>	Retirement or Education Savings Account
<input type="checkbox"/>	Overdraft Line of Credit
<input type="checkbox"/>	Visa® Debit Card
<input type="checkbox"/>	ATM Card
<input type="checkbox"/>	Credit Card

Services You Anticipate Using

<input type="checkbox"/>	Online BillPay
<input type="checkbox"/>	e Banking
<input type="checkbox"/>	ACH Transactions
<input type="checkbox"/>	Wire Transfers within USA
<input type="checkbox"/>	International Wire Transfers

Check Information

Check Style: PBM Custom Check (free) Specialty Check (describe)

Check Type: Duplicate Non-Duplicate

Starting Check Number: _____

What information would you like printed on your checks?

Name(s) _____
Address _____
Special Title _____
Phone Number _____

Caution: We recommend that you limit the information you put on your checks to avoid identity theft.

Information Needed for an Overdraft Line of Credit*

Line of Credit Limit \$ _____
Primary Account Owner's Annual Income** \$ _____
Primary Account Owner's Income Source _____
Secondary Account Owner's Annual Income** \$ _____
Secondary Account Owner's Income Source _____

* We reserve the right to obtain a credit report before issuing an ATM or debit card or establishing an overdraft line of credit. The line of credit limit is subject to credit approval.

** You do not need to list income from alimony, child support or separate maintenance unless you want it considered for purposes of repaying this obligation.

CERTIFICATION: By signing this document, I authorize Private Bank Minnesota to verify all information provided and to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with products and services I request from Private Bank Minnesota. I certify that the information provided by me is true and correct to the best of my belief. I understand that any intentional misrepresentation on this document may result in immediate closure of my account(s) with Private Bank Minnesota as well as civil or criminal penalties.

Primary Account Owner's Signature

Secondary Account Owner's Signature

Date _____

Date _____