



New **Revising** Consumer Checking or Savings Account Application

Important Information: We are required, by federal law contained in the Bank Secrecy Act, to obtain, verify, and record information that identifies each person opening or having access to a City National Bank account. We will ask for your full legal name, residential address, Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN), Phone Number, and Date of Birth.

Required Identification: We require every individual named on an account to provide an **unexpired** government issued identification which includes: US Driver's License, Mexico Marticula Consular Card, Passport, US Military ID (along with another photo ID we may keep on file). City National Bank reserves the right to request additional identification.

<input type="radio"/> Free Checking - \$25.00 minimum to open; E-statements required ; no service charge	<input type="radio"/> Regular Checking - \$300.00 minimum to open; monthly service charge applies to balances below \$500.00
<input type="radio"/> Senior Citizen Checking - \$250.00 minimum to open; must be 62 or older	<input type="radio"/> Student Checking - \$100.00 minimum to open; No service charge; must be 16 or older
<input type="radio"/> Consumer NOW Account- \$1,000.00 minimum to open; service charges apply to balance below \$1,000; earns interest	<input type="radio"/> Consumer Money Market - \$2,500 minimum to open; service fees apply to balance below \$1,500; earns interest; limited to 6 withdraws a statement cycle
<input type="radio"/> Health Savings Account- Must have a High Deductible Insurance Plan to qualify; earns interest; for qualified medical expenses only	<input type="radio"/> Savings - \$100 minimum to open; service fees apply if balance below \$100; earns interest; limited to 6 withdraws per statement cycle or fees apply
<input type="radio"/> CNB Advantage Checking – No minimum to open; service charges apply to balance below \$5,000.00; earns interest	<input type="radio"/> Other - _____

Primary Applicant:

First Name:	Middle Name:	Last Name:	Suffix:
Residential Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
E-mail:			
Social Security Number/ ITIN:		Mother's Maiden Name:	
Gender:	Date of Birth	ID#	State: Expiration:
Employer:	Address:	Occupation:	
Emergency Contact (Name, Phone, Address):			
Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Joint Applicant **Signer** **Power of Attorney** **Custodian** **Representative Payee** **Trustee** **Fiduciary** **Other**

First Name:	Middle Name:	Last Name:	Suffix:
Residential Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
E-mail:			
Social Security Number/ ITIN:		Mother's Maiden Name:	
Gender:	Date of Birth	ID#	State: Expiration:
Employer:	Address:	Occupation:	
Emergency Contact (Name, Phone, Address):			
Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POD (Payable on Death) Beneficiary Information:

If you would like to name a Beneficiary on your account, please fill out the information below to the best of your ability. Please be advised that only the name of the beneficiary is required however the more information we have, the more certain we can be that your wishes are carried out.

Beneficiary #1

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Residential Address: _____ City/Stat/ZIP: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

E-mail: _____

Mother's Maiden Name: _____ Relationship: _____

Social Security Number/ ITIN: _____ Date of Birth _____ ID# _____ State _____

Beneficiary #2

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Residential Address: _____ City/State/ZIP: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

E-mail: _____

Mother's Maiden Name: _____ Relationship: _____

Social Security Number/ ITIN: _____ Date of Birth _____ ID# _____ State _____

Are you interested in the following bank products or services?

- | | |
|--|---|
| <input type="checkbox"/> Online Banking – Includes Online Bill pay & Bank to Bank transfers | <input type="checkbox"/> E-Statements |
| <input type="checkbox"/> Mobile Banking – App. available on Apple and Android | <input type="checkbox"/> Mobile Alerts – account balance texts |
| <input type="checkbox"/> Sweeps – Automatic transfers from another CNB account to cover overdrafts | <input type="checkbox"/> Debit Card(s) – 1 st card(s) free |
| <input type="checkbox"/> CNB Destinations – travel club | **All products subject to bank approval |

Agreement:

I certify that the above information is true and correct. By signing below I authorize City National Bank to verify the above information and to obtain further information concerning my credit history and standing on deposit accounts maintained with other institutions through electronic or manual verification. City National Bank reserves the right to decline opening any account based on information that may be obtained.

Primary Applicant's Signature

Date

Joint Applicant's Signature

Date

Bank Use Only – Consumer New Account Checklist:

Archived Documents: Unexpired ID Signature Card EFT Disclosure Notice of Negative Information

Debit Card Applications (if applicable) BSA questions Uniform SP/MP Selection form (if applicable)

Documents to be sent to be imaged: Account Application

Deluxe Detects (OFAC)(if applicable) POA and Agent Certification (if applicable) Trust Documents (if applicable) Rep Payee Letter (if applicable) Estate Docs (if applicable) Fiduciary Docs (if applicable)

Other _____

Acct# _____ CIF# _____ Branch _____ Officer _____

Sales Associate _____

Additional Comments: