

□ **New** □ **Revising** Consumer Account Application

<u>Required Identification:</u> 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.

| 0 | Free Checking - \$25.00 minimum to open; E- statements required; no service charge | 0 | Savings - \$100 minimum to open; service fees apply if balance below \$100; earns interest |
|---|---|---|--|
| 0 | Senior Citizen Checking - \$250.00 minimum to open; must be 62 or older | 0 | Senior Citizen Savings - \$100 minimum to open; must be 62 or older; earns interest |
| 0 | Student Checking - \$100.00 minimum to open; No service charge; must be 13 or older; E-statements required; no service charge | 0 | Student Savings - \$100.00 minimum to open; No service charge; must be 13 or older; E-statements required; no service charge |
| 0 | Regular Checking - \$300.00 minimum to open; monthly service charge applies to balances below \$500.00 | 0 | Consumer Money Market - \$2,500 minimum to open; service fees apply to balance below \$1,500; earns interest |
| 0 | CNB Advantage Checking – No minimum to open; service charges apply to balance below \$5,000.00; earns interest | 0 | Health Savings Account- Must have a High Deductible Insurance Plan to qualify; earns interest; for qualified medical expenses only |
| 0 | Consumer NOW Account- \$1,000.00 minimum to open; service charges apply to balance below \$1,000; earns interest | 0 | Other - |

| Are you interested in the following bank products or services? | | | | | | |
|--|--|--|--|--|--|--|
| \Box Digital Banking – Includes Online Bill pay, Bank to Bank transfers & More | E-Statements | | | | | |
| \Box Mobile Banking – App. available on Apple and Android | Debit Card(s) – 1 st card(s) free | | | | | |
| Sweeps – Automatic transfers from another CNB account to cover overdrafts | | | | | | |
| CNB Destinations – travel club | **All products subject to bank approval | | | | | |
| | | | | | | |

| Primary Applicant: | | | | | | |
|--|----------------|-----------------|-------------|-----------------|-------------|---------|
| First Name: | Middle | Middle Name: | | Last Name: | | Suffix: |
| Physical Address: | | City/State/ZIP: | | | County: | |
| Statement Address: | City/State | ZIP: | | | | |
| Home Phone: | Cell Phone: | | | Business Phone: | | |
| Social Security Num | ber/ ITIN: | | E-mail: | | | |
| Gender: | Date of Birth: | ID#: | | State: | Expiration: | |
| Employer: | Address: | | Occupation: | | | |
| Security Questions: | | | | | | |
| Select your personal passcode: | | | | | | |
| What is your mother's maiden name? | | | | | | |
| What was your first car, make/model? | | | | | | |
| Who was your favorite teacher? | | | | | | |
| What is your father's middle name? | | | | | | |
| What is the name of your favorite pet? | | | | | | |
| What city were you born in? | | | | | | |
| | | | | | | |

| □ Joint Applicant □ S | igner 🗆 Power of At | torney 🗆 Custod | lian 🛛 Representative Pa | ayee 🗆 Trustee 🛛 |] Fiduciary 🛛 Other | |
|---|-----------------------------------|------------------|------------------------------|-------------------|---------------------------------|--|
| First Name: | Middle N | ame: | Last Name: | | Suffix: | |
| Physical Address: | | City/State/ | | C | ounty: | |
| Statement Address: | | City/State/ | | | | |
| Home Phone: | C | ell Phone: | Business Phone: | | | |
| Social Security Numbe | | | E-mail: | | | |
| | Date of Birth: | ID#: | State: | Expirat | ion [.] | |
| Employer: | | dress: | | cupation: | | |
| Security Questions: | Au | ui ess. | 000 | upation. | | |
| Select your personal p | asscode: | | | | | |
| What is your mother's | | | | | | |
| What was your first ca | | | | | | |
| - | | | | | | |
| Who was your favorite | | | | | | |
| What is your father's r | | | | | | |
| What is the name of y | | | | | | |
| What city were you bo | orn in? | | | | | |
| Beneficiary #1 First Name: | me a Beneficiary on y Middle N | our account, ple | ase fill out the information | on below to the b | est of your ability. Suffix: | |
| Social Security Numbe | | | Date of Birth: | | | |
| Relationship: | Cell Phor | ie: | | | | |
| <u>Beneficiary #2</u> First Name: | Middle N | ame. | Last Name: | | Suffix: | |
| Social Security Numbe | | ame. | Date of Birth: | | Sum. | |
| Relationship: | Cell Phor | ie: | | | | |
| 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 Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. 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 Si | gnature | Date | Other Applicant's Signa | ture | Date | |
| Bank Use Only: | | | | | | |
| Account# Additional Comments | CIF: | # | New Account Repres | sentative | | |