

☐ New ☐ Revising Consumer Account Applicatio	□ New □ Revising	Consumer Account	Application
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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.

 Free Checking - \$25.00 minimum to open; E-statements required; no service charge Senior Citizen Checking - \$250.00 minimum to open; must be 62 or older Student Checking - \$100.00 minimum to open; No Savings - \$100 minimum to open; service fees apply if balance below \$100; earns interest Senior Citizen Savings - \$100 minimum to open; must be 62 or older; earns interest Student Savings - \$100.00 minimum to open; No
open; must be 62 or older must be 62 or older; earns interest
Student Checking - \$100,00 minimum to open: No
service charge; must be 13 or older; E-statements required; no service charge required; no service charge
 Regular Checking - \$300.00 minimum to open; monthly service charge applies to balances below \$500.00 Consumer Money Market - \$2,500 minimum to open; service fees apply to balance below \$1,500 earns interest
 CNB Advantage Checking – No minimum to open; service charges apply to balance below \$5,000.00; earns interest Health Savings Account- Must have a High Deductible Insurance Plan to qualify; earns interest; for qualified medical expenses only
 Consumer NOW Account- \$1,000.00 minimum to open; service charges apply to balance below \$1,000; earns interest

Are you interested in the following bank products or services?					
☐ Digital Banking – Includes Online Bill pay, Bank to Bank transfers & More	☐ E-Statements				
☐ Mobile Banking – App. available on Apple and Android	\Box 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:	Middl	e Name:		Last Name:	Suffix:
Physical Address:		City/State	e/ZIP:		County:
Statement Address	:	City/State	e/ZIP:		
Home Phone:		Cell Phone:		Business	Phone:
Social Security Num	nber/ ITIN:		E-mail:		
Gender:	Date of Birth:	ID#:		State:	Expiration:
Employer:		Address:		Occupat	ion:
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 A	Attorney Custo	odian Representative Paye	e □ Trustee □ Fiduciary □ Other	
First Name:	Middle	Name:	Last Name:	Suffix:	
Physical Address:		City/State	e/ZIP:	County:	
Statement Address:		City/State	e/ZIP:		
Home Phone:		Cell Phone:	Busine	ss Phone:	
Social Security Number	r/ ITIN:		E-mail:		
Gender:	Date of Birth:	ID#:	State:	Expiration:	
Employer:	ļ.	Address:	Occup	ation:	
Security Questions:			·		
Select your personal p	asscode:				
What is your mother's	maiden name?				
What was your first ca	r, make/model?				
Who was your favorite	teacher?				
What is your father's r	niddle name?				
What is the name of ye	our favorite pet?				
What city were you bo	rn in?				
POD (Payable on Deat If you would like to nat Beneficiary #1	-		lease fill out the information b	pelow to the best of your ability.	
First Name:	Middle	Name:	Last Name:	Suffix:	
Social Security Numbe	r/ ITIN:		Date of Birth:		
Relationship: Cell Phone:					
Beneficiary #2					
First Name:	Middle	Name:	Last Name:	Suffix:	
Social Security Numbe			Date of Birth:		
Relationship:	Cell Pho	one:			
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 Sig	gnature	Date	Other Applicant's Signatur	Date	
Bank Use Only:					
Account#Additional Comments:		F#	New Account Represen	tative	