

# **WE ARE EXCITED TO BEGIN A BANKING RELATIONSHIP WITH YOU!**

To help expedite the account opening process, we encourage you to fill out the following New Customer Information Sheet before visiting us.

## **Directions for filling out New Customer Information Sheet:**

- Please print clearly in blue or black ink
- Fill out the entire New Customer Information Sheet.
- Your name must be as it appears on your government-issued photo ID
- Current physical address cannot be a P.O. Box
- Account purpose: What will you be using the account for?
- Next of Kin: This can be a family member or close friend. This is not the same as naming a joint owner on your account, and whoever you name will not have access.
- POD (Payable On Death) Beneficiaries: You may name whomever you like to receive the balance of your account upon the death of all account owners. Please print clearly their full name, relationship to you and ID information (Social Security Number, Phone Number, E-Mail and Date of Birth)
- Account Services: Please check any services that you would be interested in while opening up your new account.

Please bring a valid government issued photo ID. In some cases, additional documentation or information may be required. If you have any questions about the New Customer Information Sheet, please contact us at 1-866-385-3444.



# NEW CUSTOMER INFORMATION SHEET

CIF #: \_\_\_\_\_ Branch Number \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Empl Number \_\_\_\_\_

POA  POD  SB  \_\_\_\_\_

## CUSTOMER NAME & ADDRESS - ALL FIELDS REQUIRED

Last Name		First	Middle	Date of Birth: MM/DD/YYYY	
Mailing Address					
Street		Apt #	City	State	Zip Code
Physical Address (No PO Box)					
Street		Apt #	City	State	Zip Code
Cell Phone:	Home Phone:		E-mail Address:		
Social Security Number:	Employer:		Work Phone:	Occupation:	
Country of Citizenship (required)	Account Purpose:		Next of Kin Name:	Next of Kin Phone:	

### POD BENEFICIARY INFORMATION

The POD Beneficiary must be listed on the most recent executed account signature card. **ID INFO must be completed in full.** Any account balance will be divided equally between all listed Beneficiaries after the passing of all account Owners.

Name:	Relationship:	ID INFO: SS# and DOB
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### ACCOUNT SERVICES

Must be Completed by Customer Only

#### I am Interested in the Following Services:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Savings Account      | <input type="checkbox"/> Home Loan      | <input type="checkbox"/> Online/Mobile Banking  | <input type="checkbox"/> Direct Deposit |
| <input type="checkbox"/> Visa Debit Card      | <input type="checkbox"/> Car Loan       | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> City Savers    |
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Line of Credit | <input type="checkbox"/> VISA Gift Card         | <input type="checkbox"/> Other _____    |

### TELL US HOW YOU HEARD ABOUT US

- |  |                                       |   |   |   |  |
|--|---------------------------------------|---|---|---|--|
| <input type="checkbox"/> Branch Advertising  | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Online Search Engine | <input type="checkbox"/> Facebook/Twitter | <input type="checkbox"/> Community Event    | <input type="checkbox"/> Referral (Provide Name) |
| <input type="checkbox"/> TV/Radio Commercial | <input type="checkbox"/> Billboard    | <input type="checkbox"/> CNB1901.com          | <input type="checkbox"/> Yellow Pages     | <input type="checkbox"/> Direct Mail/E-mail | _____  |

### SECURITY ACCESS CODE (SAC)

Please select a 4 digit number that can not be guessed easily. Consecutive numbers, your date of birth, or the year you graduated are strongly discouraged. This number will be used to help identify you as the owner of your account in an effort to secure your financial information. This number should not be the same number you use as an ATM PIN# and should never be shared or stored in your wallet or purse.

<p><b>Each individual signer on each account will be asked to select his/her own Security Access Code. Please do not share this with anyone other than a CNB Employee. If you already have an SAC you do not need to select another one unless you wish to change it.</b></p>			
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### SIGN HERE

Customer Signature

Date

The signature on this form is an acknowledgement that the information provided above is both current and accurate. Bank mail will be sent to the above listed mailing address. City National Bank is required by law, including the USA PATRIOT ACT, to obtain, verify, and record identification and other information about you while processing your account application. Identification and other information will be requested of individuals opening new accounts and those with existing accounts. In all cases, the protection of our customer's identity and confidentiality is City National Bank's pledge to you. In the event that we are unable to verify the information you provide, a CNB representative may call you at the phone number you provided to further verify your information. We may restrict or prohibit further use of your account if you fail to comply with requirements necessary to verify your identity. If we are unable to verify your identity, we may close your account.