

# NEW ACCOUNT APPLICATION

New Customer     Present Customer     Former Customer

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

PERSONAL INFORMATION (\*required fields)

<b>TYPE OF ACCOUNT</b>				<b>ACCOUNT NUMBER</b>					
<input type="checkbox"/> <b>CHECKING ACCOUNT</b> <input type="checkbox"/> Personal – Regular (Free) <input type="checkbox"/> Platinum <input type="checkbox"/> Personal – Interest (Now)									
<input type="checkbox"/> <b>SAVINGS ACCOUNT</b> <input type="checkbox"/> Personal <input type="checkbox"/> Christmas Club <input type="checkbox"/> MMDA – Money Market									
<input type="checkbox"/> <b>CERTIFICATE OF DEPOSIT</b> Terms: _____ Months Auto Renew: Y    N                      Amount of C.D. \$ _____ Interest: Check One <input type="checkbox"/> Mail by Check <input type="checkbox"/> Added to Balance <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit to Another Account _____									
*FULL NAME (Last, First, Middle Initial)					*DATE OF BIRTH		MOTHER'S MAIDEN NAME		
*MAILING ADDRESS				E-MAIL ADDRESS					
*CITY			*STATE	*ZIP CODE		*COUNTY		MAIDEN NAME	
*HOME PHONE NO.			CELL PHONE NO.			WORK PHONE NO.			
*PHYSICAL RESIDENTIAL STREET ADDRESS-IF MILITARY, APO OR FPO ADDRESS or, IF N/A THEN NAME, ADDRESS AND PHONE NO. OF NEAREST RELATIVE NOT LIVING WITH YOU							HOW LONG AT THIS ADDRESS?		
PREVIOUS ADDRESS (Street, City, State & Zip)									
<b>RACE</b> C – Caucasian                      A-African American S – Asian                              E – East Indian H – Hispanic                        N – Native American M – Mixed                            O - Other			<b>MARITAL STATUS:</b> S – Single                              M – Married W – Widowed                        P – Separated D – Divorced                        U - Unknown				<b>GENDER</b> M – Male F - Female		
*YOUR EMPLOYER					HOW LONG?				
EMPLOYER'S ADDRESS (City, State & Zip)					POSITION, OCCUPATION OR TITLE				
IF U.S. PERSON: (Complete all that apply)	*Driver's Lic. No.		State	Date Issued		Exp. Date		*(SSN or Tax I.D. No.	
	*State I.D. Card No.		State	Date Issued		Exp. Date		Other (Military ID, Tribal ID, Etc.)	
IF NON U.S. PERSON (Complete all that apply)	Driver's Lic. No.	State	Date Issued	Exp. Date	SSN/Tax ID #	State ID Card	State	Date Issued	Exp.
	Passport & Country of Issuance		Individual Tax ID No.	No Taxpayer ID #, but have filed for one, when filed:		Govt. Issued Document No. and Country of Issuance		Other	

Please complete Joint Applicant and Beneficiary/Authorized Signer Sections on the reverse side of this application.

**JOINT APPLICANT**

*JOINT APPLICANT'S FULL NAME (Last, First, Middle Initial)				*DATE OF BIRTH		MAIDEN NAME			
*MAILING ADDRESS (If different from above)						E-MAIL ADDRESS (if different from above)			
*CITY			*STATE	*ZIP CODE	*COUNTY		MOTHER'S MAIDEN NAME		
*HOME PHONE NO.			CELL PHONE NO.			WORK PHONE NO.			
*PHYSICAL RESIDENTIAL ADDRESS-IF MILITARY, APO OR FPO ADDRESS IF N/A NAME, ADDRESS AND PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU							HOW LONG AT THIS ADDRESS?		
<b>RACE</b> C - Caucasian      A - African American S - Asian            E - East Indian H - Hispanic        N - Native American M - Mixed            O - Other			<b>MARITAL STATUS:</b> S - Single            M - Married W - Widowed        P - Separated D - Divorced        U - Unknown				<b>GENDER</b> M - Male F - Female		
JOINT APPLICANT'S EMPLOYER						HOW LONG?			
EMPLOYER'S ADDRESS (City, State & Zip)						POSITION, OCCUPATION OR TITLE			
Joint App. IF U.S. PERSON: (Complete all that apply)	*Driver's Lic. No.		State	Date Issued		Exp. Date		*SSN or Tax ID No.	
	*State ID Card No.		State	Date Issued		Exp. Date		Other (Military ID, Tribal ID, Etc.)	
Joint App. IF NON U.S. PERSON (Complete all that apply)	Driver's Lic. No.	State	Date Issued	Exp. Date	SSN/Tax ID #	State ID Card	State	Date Issued	Exp. Date
	Passport & Country of Issuance		Individual Tax ID No.	No Taxpayer ID #, but have filed for one, when filed:		Govt. Issued Document No. and Country of Issuance			Other

**BENEFICIARY/ AUTH SIG INFO**

NAME OF BENEFICIARY/AUTHORIZED SIGNER			S.S.N.	D.O.B. / /	RELATIONSHIP	CHECK <input type="checkbox"/> BEN. <input type="checkbox"/> AUTH. SIG.
NAME OF BENEFICIARY/AUTHORIZED SIGNER			S.S.N.	D.O.B. / /	RELATIONSHIP	CHECK <input type="checkbox"/> BEN <input type="checkbox"/> AUTH. SIG.
NAME OF BENEFICIARY/AUTHORIZED SIGNER			S.S.N.	D.O.B. / /	RELATIONSHIP	CHECK <input type="checkbox"/> BEN. <input type="checkbox"/> AUTH. SIG.

**ACCOUNT INFO (FOR BANK USE ONLY)**

Type of Account <input type="checkbox"/> Individual <input type="checkbox"/> Joint-w/rights of survivorship <input type="checkbox"/> Trust <input type="checkbox"/> Joint-w/ out rights of survivorship <input type="checkbox"/> Personal Agency Account		AMOUNT OF DEPOSIT	DEPOSIT TYPE <input type="checkbox"/> Cash <input type="checkbox"/> Loan Proceeds <input type="checkbox"/> Transfer - Acct. No. _____ <input type="checkbox"/> Check drawn on _____
NOTES:			
LOCATION: _1 EMINENCE   _2 WINONA   _3 SUMMERSVILLE   _4 EMINENCE NORTH   _5 HOUSTON			

The information I have provided is correct to the best of my knowledge. I authorize Security Bank of the Ozarks to check credit and/or employment history should it deem necessary.

Signature of Account Owner or Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Joint Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*Please note: Federal regulation requires that the Bank have on file verification of customer's identification. Please attach a copy of your driver's license or other photo identification if requested.