



Application for Personal Account

SECTION A: Primary Applicant		
LAST NAME	FIRST NAME	MIDDLE
HOME ADDRESS (Street Address Required)		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
EMAIL ADDRESS		
BUSINESS PHONE	HOME PHONE	CELL PHONE
EMPLOYER (NAME)		JOB TITLE
SECTION B: Type of Account Desired (Check all that apply)		
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Custodial
<input type="checkbox"/> Regular Personal Checking Account <input type="checkbox"/> Interest Checking Account <input type="checkbox"/> Personal Money Market Account <input type="checkbox"/> Visa Debit/ATM Card for: <input type="checkbox"/> Primary Applicant <input type="checkbox"/> Joint Applicant #1 <input type="checkbox"/> Joint Applicant #2	<input type="checkbox"/> Minor Savings Account <input type="checkbox"/> CDARS/ICS Account <input type="checkbox"/> Personal Savings Account <input type="checkbox"/> Certificate of Deposit: <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years	
SECTION C: Joint Applicant(s)/Minor		
1 LAST NAME	FIRST NAME	MIDDLE
HOME ADDRESS (Street Address Required)		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
EMAIL ADDRESS		
BUSINESS PHONE	HOME PHONE	CELL PHONE
EMPLOYER (NAME)		JOB TITLE
2 LAST NAME	FIRST NAME	MIDDLE
HOME ADDRESS (Street Address Required)		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
EMAIL ADDRESS		
BUSINESS PHONE	HOME PHONE	CELL PHONE
EMPLOYER (NAME)		JOB TITLE

PLEASE COMPLETE PAGE TWO OF THIS FORM

To help the government fight the funding of terrorism and money laundering activities, Federal law **REQUIRES** all financial institutions to obtain, verify and record information that identifies each person and business that opens an account:

	YES	NO	CFB Only
<ul style="list-style-type: none"> Are you and/or the joint applicants US citizens or US Resident Aliens? If not, please describe your legal status (non-resident alien, tourist, etc.) _____ 	<input type="checkbox"/>	<input type="checkbox"/>	1__ 5__
<ul style="list-style-type: none"> Are you or the joint applicant a Senior Foreign Political Figure (SFPF) or a relative or associate of a SFPF? If yes, please describe the type of SPSF: <input type="checkbox"/> Foreign Government Official <input type="checkbox"/> Foreign Military Official <input type="checkbox"/> Close Associate <input type="checkbox"/> Foreign Government Owned Business Entity <input type="checkbox"/> Family Member 	<input type="checkbox"/>	<input type="checkbox"/>	0__ 10__
<ul style="list-style-type: none"> Will you be depositing cash on a regular basis? If yes, approximately how much cash will you be depositing regularly each month: <input type="checkbox"/> Less than \$1,000 <input type="checkbox"/> Between \$1,000 and \$3,000 <input type="checkbox"/> More than \$3,000 	<input type="checkbox"/>	<input type="checkbox"/>	0__ 10__
<ul style="list-style-type: none"> Will you be receiving or sending wires to and/or from your account on a regular basis? If yes, what would be the frequency of these wires each month? <input type="checkbox"/> 2 or less <input type="checkbox"/> 3 to 5 <input type="checkbox"/> More than 5 	<input type="checkbox"/>	<input type="checkbox"/>	1__ 5__ 10__
<ul style="list-style-type: none"> Will you be sending or receiving international wires? If yes, what countries? _____ 	<input type="checkbox"/>	<input type="checkbox"/>	1__ 5__
Internal Use Only: _____ Verified By Staff _____			TOTAL _____

AS REQUIRED BY LAW, PLEASE PRESENT ONE OF THE FOLLOWING FORMS OF IDENTIFICATION:

State Driver's License or State I.D., Military or Government I.D., Passport, Alien Registration card or Matricula Card.
If you do not have any of the above forms of I.D., please present two of the following: Employee I.D. Card with photo, Social Security Card, Student I.D., Vehicle Registration and Insurance, Medical Insurance Card, Utility of RE Tax Bill or Voter's Card with current address.

Please tell us what best describes your reason for establishing your account at City First Bank of DC

- I was referred by a City First Bank employee (please name) _____
- I was referred by my employer (please name) _____
- I was referred by another City First Bank member (please name) _____
- I did a search on the internet and was attracted by your website
- I read/heard an advertisement about City First Bank
- I live/work in the neighborhood; proximity to the bank
- I like City First Bank of DC's mission
- Other reason(s) (please describe) _____

SECTION D: Your Signatures are Required

By signing below, I/we state that the information I/we have provided is correct. I/we authorize City First Bank of DC to verify any and all of the information contained on this form.

Primary Applicant Signature

Date

Joint Applicant Signature

Date

Joint Applicant Signature

Date

<p>For City First Bank of DC internal use only Officer code/Relationship Manager: _____ Account Opened By: _____ Comments: _____</p>
