



AMERICAN INVESTORS BANK AND MORTGAGE

NEW ACCOUNT APPLICATION

TYPE OF ACCOUNT

- Investors Economy Checking
 Green Savings Account
 Certificate of Deposit
 Investors Checking Plus
 Term _____ Rate _____

Primary Customer Name: _____ Social Security Number: ___ / ___ / ____
 DOB: ___ / ___ / ____ DL# _____ State of: _____
 Mothers Maiden Name: _____

Secondary Customer Name: _____ Social Security Number: ___ / ___ / ____
 DOB: ___ / ___ / ____ DL# _____ State of: _____
 Mothers Maiden Name: _____

Address: _____
 City: _____ State _____ Zip Code: _____
 Telephone: _____ Email Address: _____

Please include these services with my account: Visa® Debit Card ATM Card Online Banking

How did you hear about AIB&M?

- Current AIB&M Loan Customer Mailer
 Current AIB&M Deposit Customer Recommended by another AIB&M customer
 Newspaper Other (please specify: _____)

Minnesota law requires the following information to be provided by one applicant if this is a transaction account.

Have you had a transaction account (checking or savings) at this or another financial intermediary within 12 months before making this application? YES NO
 Name of Institution _____

Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application? YES NO

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? YES NO

If you make a false material statement in this document that you do not believe to be true, you are guilty of perjury. In order to help the U.S Government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions: obtain, verify, and record the identity of any person seeking to open an account by obtaining customer identification that includes name, address, date of birth, identification number, and a photo copy of the document used to verify identities.

Customers Signature: _____ Date: _____

Customers Signature: _____ Date: _____

Once you have completed this form, **please include a copy of a government issued I.D.** (e.g. driver's license, passport, etc.) and fax or mail to the number/address below:

American Investors Bank & Mortgage
Bhavna T. Sullivan, Branch Manager
 6385 Old Shady Oak Rd, Suite 110, Eden Prairie, MN 55344
 Phone: (952) 938-6520 Fax: (952) 938-6507
bsullivan@aibandm.com



BENEFICIARY FORM

PRINT FULL NAME OF OWNER & CO-OWNER

First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____

ACCOUNT NUMBERS

_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

First Name, Middle Initial, Last Name	% of Proceeds	Relationship To Beneficiary	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS CITY STATE ZIP

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

First Name, Middle Initial, Last Name	% of Proceeds	Relationship To Beneficiary	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS CITY STATE ZIP

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Owner	Date
_____	_____

Signature of Co-Owner	Date
_____	_____