

# NEW ACCOUNT APPLICATION



## TYPE OF ACCOUNT

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     Online Banking     Check Order

## 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

6385 Old Shady Oak Rd, Suite 110, Eden Prairie, MN 55344

Phone: (952) 938-6520    Fax: (952) 938-6507