



NEW ACCOUNT APPLICATION

Investors Checking Plus
 Basic Savings Account
 Certificate of Deposit

Primary Customer Name _____ Social Security Number ____ - ____ - _____
 DOB __/__/____ Telephone _____ Email _____
 Mother's Maiden Name _____
 Employer _____ Occupation _____
 Address _____
 City _____ State _____ Zip Code _____ Years Lived at Address _____

Secondary Customer Name _____ Social Security Number ____ - ____ - _____
 DOB __/__/____ Telephone _____ Email _____
 Mother's Maiden Name _____
 Employer _____ Occupation _____

Please include these services with my account: Visa Debit Card
 Mobile Deposit
 Check Order
 How did you hear about AIB&M?
 Current AIB&M Deposit Customer Mailer
 Current AIB&M Loan Customer AIB&M Customer Referral _____
 Newspaper Other (please specify _____)

ACCOUNT ACTIVITIES

Purpose of account:	Source of funds & wealth:
Deposits: <input type="checkbox"/> Checks <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cash Source of Cash: Do you expect to deposit cash in excess of \$5000 as normal activity?	
Withdrawals: Do you expect to withdraw cash in excess of \$5000 as normal activity? Describe purpose of the cash withdrawal:	
Wires: <input type="checkbox"/> N/A Purpose of incoming and outgoing wires: <input type="checkbox"/> Domestic Average wire amount: <input type="checkbox"/> International Average wire amount: List International Countries:	

Minnesota law requires the following information to be provided by one application 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.

Primary Account Holder's Signature _____ Date _____

Secondary Account Holder's 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



BENEFICIARY FORM

PRINT FULL NAME OF OWNER & CO-OWNER

Primary First Name

Secondary 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Primary Account Holder's Signature

Date

Secondary Account Holder's Signature

Date
