



Instructions:

1. **Print this application,**
2. **Fill it out, and**
3. **Bring, mail or fax it to Excel National Bank.**

**Excel National Bank
Personal Deposit Account Application**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Account Information : Personal Banking

Apply For: (Select only one)

- | | |
|------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Personal Checking | <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Personal NOW | <input type="checkbox"/> Personal High Yield Money Market |
| <input type="checkbox"/> Personal Money Market | |
| <input type="checkbox"/> Personal CDs | Number of Months Desired <input style="width: 50px;" type="text"/> |

Initial Deposit \$ By: Wire Mail In Person

Type of Account: (Please indicate)

- Individual Joint Trust

Joint Account Options: (Please indicate)

- Joint account with right of survivorship
- Tenancy in common account
- Community property account of husband and wife

Trust Options: (Please indicate)

*For this type of trust account, please provide the name and address of beneficiary:

- Formal Trust - Trust forms required
- Totten Trust*
- Pay-On-Death*



Personal Information

Name

Date of Birth US Citizen Yes No

Social Security Number Mother's Maiden Name

Drivers License Exp. Date State Issued

2nd ID Type Last 4 Digits Expiration Date

E-Mail Address Birthplace

Home Phone Work Phone

Occupation

Street Address

Please enter your home address in this section. If you wish statements and correspondence sent to a PO Box, complete the mailing address of this form. (Your home address is required.)

Street Address Apt/Suite:
No PO Box #

City State Zip
Years at current address

Prior Address, if less than 2 years:

Street Address Apt/Suite:
No PO Box #

City State Zip

Mailing Address

Complete this section if your mailing address is different from your street address.

Street Address Apt/Suite:

City State Zip



Joint Account Information

Complete this section for a joint account.

Name

Date of Birth US Citizen Yes No

Social Security Number Mother's Maiden Name

Drivers License Exp. Date State Issued

2nd ID Type Last 4 Digits Expiration Date

E-Mail Address Birthplace

Home Phone Work Phone

Occupation

Street Address

Please enter your home address in this section. If you wish statements and correspondence sent to a PO Box, complete the mailing address of this form. (Your home address is required.)

Street Address Apt/Suite:
No PO Box #

City State Zip

Years at current address

Prior Address, if less than 2 years:

Street Address Apt/Suite:
No PO Box #

City State Zip

Applicant Backup Withholding Certification

Tax Payer ID Number / Social Security Number:

- 1. **TAXPAYER ID NUMBER** My correct Social Security Number is shown above.
- 2. **BACKUP WITHHOLDING** I am not subject to backup withholding because either I have not been notified of being subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- 3. **EXEMPT RECIPIENTS** I am an exempt recipient under the Internal Revenue Service (IRS) Regulations.

Under penalties of perjury, I certify that (1) the social security number indicated above is my number and (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. Citizen (includes a U.S. resident alien). You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Applicant Signature: **Date**



For interest bearing accounts only: The interest rate you will receive on your account is established at the time of the Bank's acceptance of a completed and approved application along with our receipt of funds for the opening deposit. I understand that this is an application for an account with Excel National Bank and is subject to approval. Everything that I have stated in this account agreement is correct to the best of my knowledge. You are authorized to check credit, company history and an inquiry into past banking relationships. I further understand that the signatures of all applicants and authorized signers must be on file before the account can be opened.

All authorized account holder signatures must be present on this form:

Applicant Signature:

Date

Co-Applicant Signature:

Date

Additional Instructions:

In addition to this signed application, you must send copies of all documents that are needed to identify you. Please include a legible copy of your driver's license (or other government issued picture identification card) and a second form of identification such as a credit card or passport). Although we will send mail to a PO Box, we do require that your physical street address be on file with us. For trust accounts, please include a copy of the trust. **Without proper documentation, your account will not be opened, or, if opened, the account will be closed and the funds returned without interest.**

Please Mail the completed and signed Account Application and Agreements to:

**Excel National Bank
Attention: New Accounts
9701 Wilshire Blvd.
Los Angeles, CA 90212**

Or FAX to (310) 550-0635, Attention: New Accounts