



CONSUMER ACCOUNT APPLICATION

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. The information you provide is protected by our privacy policy and by federal law. *All signers authorize Keystone Savings Bank to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.*

ACCOUNT TYPE			
<input type="checkbox"/> Economy Checking	<input type="checkbox"/> Economy Savings	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Safe Deposit Box
<input type="checkbox"/> Consumer Interest Checking	<input type="checkbox"/> Youth Savings	<input type="checkbox"/> IRA	<input type="checkbox"/> _____
<input type="checkbox"/> Golden Key Account	<input type="checkbox"/> KSB Kids Club	<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> _____
<input type="checkbox"/> Consumer Money Market	<input type="checkbox"/> Consumer Super NOW	<input type="checkbox"/> Holiday Account	<input type="checkbox"/> _____

ACCOUNT OWNERSHIP			
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint w/ ROS	<input type="checkbox"/> UTMA or Custodial Acct	<input type="checkbox"/> Youth Account
<input type="checkbox"/> Individual with POD	<input type="checkbox"/> Joint without ROS	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate

CUSTOMER INFORMATION						
Ownership Type:	<input type="checkbox"/> Owner	<input type="checkbox"/> Auth Signer	<input type="checkbox"/> Custodian	<input type="checkbox"/> Successor Custodian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Executor
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Rep Payee	<input type="checkbox"/> Guardian	<input type="checkbox"/> Deputy	<input type="checkbox"/> Legal Rep	
Legal Name (First, Middle, Last):						
Social Security Number or TIN:			Date of Birth (mm/dd/yyyy):	/ /		
Physical Address:			Mailing Address (if different):			
Primary Phone:			Secondary Phone:			
Email Address:						
Iowa Photo ID	ID Number:	Issue Date:		Expiration Date:		
Occupation:			Employer:			
Reason for choosing KSB:						
Signature:			Date of Application:			
	<i>(Signature)</i>			<i>(Date)</i>		

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	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Rep Payee	<input type="checkbox"/> Guardian	<input type="checkbox"/> Deputy	<input type="checkbox"/> Legal Rep	
Legal Name (First, Middle, Last):						
Social Security Number or TIN:			Date of Birth (mm/dd/yyyy):	/ /		
Physical Address:			Mailing Address (if different):			
Primary Phone:			Secondary Phone:			
Email Address:						
Iowa Photo ID	ID Number:	Issue Date:		Expiration Date:		
Occupation:			Employer:			
Reason for choosing KSB:						
Signature:			Date of Application:			
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