

Application For Personal Account/Services/Line of Credit

Union National Bank 101 E. Chicago Street, Elgin, IL 60120 847-888-7500 Fax 847-888-2662 Member FDIC

Please have all signers print information and sign by the X:

Name 1 _____ Signature*¹ **X** _____
Address _____ City _____ ST _____ Zip _____ Email _____
Employer _____ Occupation _____ Day Phone _____ Night Phone _____
1099s Are Issued Under This Person's Tax ID. Backup Withholding: I Am Not Subject To It¹ I Am Exempt² I Am A Nonresident Alien³

Complete this section for new customers only. If existing customer, print CIS screen. Customer # _____
License or State ID Number _____ Exp. Date _____ Other (Describe) _____
SSN/Tax ID _____ Date of Birth _____ Mother's Maiden Name _____
If address differs from ID, obtain letter which has been sent to current local address Y _____ N _____ Chexsystems Date _____

Name 2 _____ Signature*¹ **X** _____
Address _____ City _____ ST _____ Zip _____ Email _____
Employer _____ Occupation _____ Day Phone _____ Night Phone _____

Complete this section for new customers only. If existing customer, print CIS screen. Customer # _____
License or State ID Number _____ Exp. Date _____ Other (Describe) _____
SSN/Tax ID _____ Date of Birth _____ Mother's Maiden Name _____
If address differs from ID, obtain letter which has been sent to current local address Y _____ N _____ Chexsystems Date _____

Name 3 _____ Signature*¹ **X** _____
Address _____ City _____ ST _____ Zip _____ Email _____
Employer _____ Occupation _____ Day Phone _____ Night Phone _____

Complete this section for new customers only. If existing customer, print CIS screen. Customer # _____
License or State ID Number _____ Exp. Date _____ Other (Describe) _____
SSN/Tax ID _____ Date of Birth _____ Mother's Maiden Name _____
If address differs from ID, obtain letter which has been sent to current local address Y _____ N _____ Chexsystems Date _____

Deposit Account Ownership Type - Select One:

- Individual Joint With Rights of Survivorship Joint Tenants In Common IRA Rollover IRA Contribution For Tax Year _____.
- Check Box If Account Payable On Death Of All Signers. (Individual/Joint Accounts Only). Payable To _____.

Select Deposit Account Type:

- Personal Classic Checking (001) Personal Classic NOW (025) Personal Superior NOW (027) Personal Money Market (037)
- Personal Classic Savings (040) Junior Savers (041) IRA Classic Savings (051) 1 Month CD (072)
- 2 Month CD (080) 3 Month CD (070) 6 Month IRA CD (083) 6 Month Regular CD (067)
- 12 Month IRA CD (084) 12 Month Regular CD (066) Custom Term CD of _____ Days or Months (069)

For CDs, Select One: Add Interest To Balance Send Interest Check Credit My Union National Bank Account _____

For CDs, Select One: Monthly Interest Quarterly Interest Interest At Maturity(Available only if term is 12 months or less.)

Opening Information - Bank Use: Date Opened _____ Initial Deposit \$ _____ Initial Rate _____ Initial APY _____
Initial Maturity _____ Source of Funds _____ Reason _____
Purpose of the Account _____ Expected Transactions _____
Opened By _____ **BSA Officer Review Initials** _____ **Date** _____

Safe Deposit Box Rental:

All boxes 22" long. Box height/width: 3x5 (1) 3x11 (2) 5x5 (7) 4x11 (3) 5x11 (8) 10x11 (4) 10x15 (5) 10x16 (6)

Union National Bank Deposit Account to Debit For Automatic Rental Payments _____

Bank Use: Box Number _____ Rent Payment Received \$ _____ Key Deposit Received \$ _____ Date _____ By _____

***Signatures.** My signature acknowledges receipt of the Union National Bank Owner's Manual, including all applicable disclosures. This application is subject to all agreements, rules and regulations adopted by the Bank for the services or credit line applied for. I agree to be bound by them. **Substitute W-9 Certificate.** ¹Under penalties of perjury, I certify that my Social Security/Tax ID number listed on this form is correct, and that I am not subject to backup withholding as a result of a failure to report all interest and dividends or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding. ²I am an exempt recipient under the Internal Revenue Service Regulations. ³I am not a United States person, and I am not a citizen nor a resident of the United States. (w:\docs\disclose\consapp3.doc) 01/10/13 3:17:04 PM