American Bank New Account Opening Form

Primary Owner First Name	Middle Initial	Last Name		
Primary Owner Social Secui	rity #:			
Joint Owner First Name	Middle Initial	Last Name		
Joint Owner Social Security	#:			
What type of account woul	d you like to open (plea :	se circle all that apply):		
Checking Sa	vings Money	Market Certific	ate	IRA/HSA
Are you currently an Amer Yes, please skip No, please begi	to section 3			
Section 1: Primary Over the address provided is restatement that was mailed	not the address on your I to this address.			
Street Address	City		State	Zip
Phone	Email Address	Email Address		
Date of Birth	Are y	ou a US Citizen?	Yes	No
		F : .: 5 :	State Iss	ued By
Driver's License #	Issue Date	Expiration Date	3 (2 (3)	•
	Employer	If retired, what are		
Occupation/type of work Section 2: Joint Owne If the address provided is r	Employer er's Personal Inform not the address on your	If retired, what are	you retired	
Occupation/type of work Section 2: Joint Owne If the address provided is r statement that was mailed	Employer er's Personal Inform not the address on your	If retired, what are	you retired	
Driver's License # Occupation/type of work Section 2: Joint Owne If the address provided is r statement that was mailed Street Address Phone	Employer er's Personal Inform not the address on your I to this address.	If retired, what are	you retired	from? Zip
Occupation/type of work Section 2: Joint Owne If the address provided is r statement that was mailed Street Address Phone	Employer er's Personal Inform not the address on your I to this address. City Email Address	If retired, what are	eed a bill or	from? Zip
Occupation/type of work Section 2: Joint Owne If the address provided is r statement that was mailed Street Address	Employer er's Personal Inform not the address on your I to this address. City Email Address	If retired, what are ation Photo ID, then you will n	eed a bill or State Passcode	Zip

Section 3: Account Services Will either account owner use the following services? Please cir Make deposits or withdrawals of cash greater than \$5,000 per month Purchase cashier's checks or money orders? Send or receive direct deposit items from within the US? Send or receive direct deposit items from outside the US? Send or receive wire transfers from within the US once a year or more Send or receive wire transfers from outside the US once a year or more Do you currently have an account at another bank?	? Yes No Yes No Yes No Yes No Yes No ?? Yes No
Section 4: Debit Card Would you like to order a debit card for your account? Yes - Primary Owner No, skip to section 5 I would like to sign up for text alerts (to be used when potential)	
Would you like to order checks for your account? Yes, complete section below No, skip to section 6 Information to put on checks: Name Address Phone Number Drivers License #	Design Choices: Blue Safety Yellow Safety Blue Marble Green Marble Violet Marble Antique (Tan) Eagle Monarch (Butterfly) Country (Barn) Antlers (Deer) Duplicates (125 per box)
Section 6: Electronic Access I would like to enroll in the following: Online Banking (required to access the app or eStatement: Mobiliti (App) eStatements Bill Pay	s)

f opening HSA, doe	s your insurance inclu	ıde single or f a	amily	coverage?		
Number of primary Number of continge			_			
Are you married?	Yes		_ No			
Will your spouse be your primary beneficial		iary?	ry?Yes			No
Please provide the f	ollowing for all benef	iciaries (attach	addi	itional pages as n	eeded):	
First Name	Middle Initial		Las	st Name		
Street Address		City			State	Zip
Social Security #		Date of B	irth		<u> </u>	
Percentage (no deci	mal points)	Primary	or	Contingent (ple	ease circle o	one)
First Name	Middle Initial		Las	st Name		
Street Address		City			State	Zip
Social Security #		Date of B	irth		<u> </u>	
Percentage (no deci	 mal points)	Primary	or	Contingent (ple	ease circle o	ne)
Section 8:Trust* Name of Trust Date of Trust	f (please fill out o	only if your		ount(s) will b	e in your	trust)
Frustee Name			Trı	ustee Social Secu	ritv#	
		City			State	Zip
Street Address		City	T	ustan Casial Casa		
Street Address				ustee Social Secui	ILY #	
Trustee Name Street Address			iru			