

## PERSONAL ACCOUNT APPLICATION

Applicant					
Legal Name				Ownership	
Physical Address			City	State	Zip
Mailing/Alternate Address			City	State	Zip
Previous Address( if less than 2 years at current address)			City	State	Zip
Home Phone			Cell Phone		
Social Security Number		Date of Birth	Email		
DL #		DL State	DL Issued	DL Exp	
Current Employer		Occupation		Phone #	
Employer Address			City	State/Zip	
Purpose of Account			How did you hear about Flagship Bank?		
Prior Banking Relationship/Bank Name			City/State		

Applicant					
Legal Name				Ownership	
<b>Check if Physical Address same as first applicant:</b>					
Physical Address			City	State	Zip
Mailing/Alternate Address			City	State	Zip
Previous Address( if less than 2 years at current address)			City	State	Zip
Home Phone			Cell Phone		
Social Security Number		Date of Birth	Email		
DL #		DL State	DL Issued	DL Exp	
Current Employer		Occupation		Phone #	
Employer Address			City	State/Zip	
Purpose of Account			How did you hear about Flagship Bank?		
Prior Banking Relationship/Bank Name			City/State		

### Designate Beneficiary(ies)

Name	Address	Date of Birth	SSN
Name	Address	Date of Birth	SSN
Name	Address	Date of Birth	SSN

Add POD Designation to all the accounts listed on application

Add POD Designation to account number

### Additional Products/Services

Debit Card- Daily Dollar Limit: POS \$1,000/ATM \$309-	Signer 1	Signer 2	Overdraft Protection
Online Banking			Credit Card
Mobile Banking			Enroll in Electronic Statements

As a full service bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

### Anticipated Account Activity (estimate based on one month statement)

	Total Expected Monthly Credit	Total Expected Monthly Debit
Cash	\$	\$
Mobile Deposit	\$	N/A
ACH	\$	\$
Domestic Wires	\$	\$
Foreign Wires	\$	\$

By signing this document, I authorize Flagship Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Flagship Bank products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my knowledge. An applicant supplying a false material statement that is believed not to be true with respect to information requested on the application is guilty of perjury.

### Signature(s)

Sign	Date
Sign	Date