



KCNB NEW ACCOUNTS

PERSONAL APPLICATION pg 1 of 2

Member
FDIC



BE ADVISED:

Federal regulation requires that Karnes County National Bank has on file verification of customer's identification. Please provide current driver's license or other photo identification and social security card for each signer.

ACCOUNT OWNER INFORMATION *If more than one, be sure to select the appropriate check-boxes and information on page 2.*

Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number	
Mailing Address	City	State	Zip	How Long?	
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?	
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?	
Primary Contact Number		Secondary Contact Number			
Email Address					
Driver's License/State ID Number		Issuing State	Expiration Date		
Current Employer	Job Title	Length of Employment	Employer Phone Number		

ACCOUNT OWNERSHIP TYPE		AUTHORIZED SIGNERS & PAY ON DEATH BENEFICIARIES:	
<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Joint Ownership	<input type="checkbox"/> Check this box if you would like to specify an Authorized Signer(s) and/or POD Beneficiary(s). Then be sure to also fill out the appropriate section on page 2.	

If more than one person needs to be listed on the account, the JOINT OWNERS, AUTHORIZED SIGNERS, AND BENEFICIARIES section on page 2 must also be filled out.

SELECT AN ACCOUNT TYPE BELOW:

TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN	TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN
<input type="checkbox"/> Regular Checking Account	\$200.00	<input type="checkbox"/> NOW Account	\$1,000.00
<input type="checkbox"/> Super NOW Account	\$1,500.00	<input type="checkbox"/> Money Market Deposit Account	\$1,500.00
<input type="checkbox"/> Savings Account	\$100.00	<input type="checkbox"/> Individual Retirement Account 18 Month - Variable rate CD <i>(Rate subject to change at anytime during the term)</i>	\$1,000.00
TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN	TERM	
<input type="checkbox"/> Certificate of Deposit - Regular	\$1,000.00	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1+ Year
<input type="checkbox"/> Certificate of Deposit - Jumbo	\$30,000.00	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months
<input type="checkbox"/> Certificate of Deposit - Jumbo	\$100,000.00	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 1+ Year
<input type="checkbox"/> Other:			

Please specify the amount of your opening deposit:	Existing KCNB customers can use proceeds from an existing KCNB eligible account as an opening deposit. You can list that account number here:
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SELECT THE OPTIONS YOU WOULD LIKE APPLIED. SOME OPTIONS MAY NOT APPLY TO CERTAIN ACCOUNTS. SPEAK WITH A REPRESENTATIVE FOR DETAILS.

<input type="checkbox"/> Order Checks	<input type="checkbox"/> Receiving/Sending Wires	<input type="checkbox"/> Enroll in KCNB Online Banking
<input type="checkbox"/> Order Debit Card(s) <i>(May only carry 1 card per owner on the account)</i>	<input type="checkbox"/> International Wires	<input type="checkbox"/> Enroll in Mobile Deposit <i>(Requires Online Banking)</i>

I certify the above information is correct to the best of my knowledge. I understand that KCNB will retain this application whether or not it is approved.

Applicant's Signature

Date

Karnes County National Bank, 301 E Calvert, Karnes City, Texas 78118
You may submit this application to any KCNB location. If you have any questions, please call (830) 780-3317.

Internal Use Only	DATE RCD:
<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TELECHECK	REPRESENTATIVE:

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JOINT OWNERS, AUTHORIZED SIGNERS & BENEFICIARIES

ADDITIONAL APPLICANT INFORMATION				
Specify one of the following: <input type="checkbox"/> Joint Owner <input type="checkbox"/> Authorized Signer Only <input type="checkbox"/> Pay on Death Beneficiary				
Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number
Mailing Address	City	State	Zip	How Long?
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?
Primary Contact Number		Secondary Contact Number		
Email Address				
Driver's License/State ID Number		Issuing State	Expiration Date	
Current Employer	Job Title	Length of Employment	Employer Phone Number	

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Applicant's Signature (Required only for Joint Owners)

Date

ADDITIONAL APPLICANT INFORMATION				
Specify one of the following: <input type="checkbox"/> Joint Owner <input type="checkbox"/> Authorized Signer Only <input type="checkbox"/> Pay on Death Beneficiary				
Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number
Mailing Address	City	State	Zip	How Long?
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?
Primary Contact Number		Secondary Contact Number		
Email Address				
Driver's License/State ID Number		Issuing State	Expiration Date	
Current Employer	Job Title	Length of Employment	Employer Phone Number	

I certify the above information is correct to the best of my knowledge. I understand that KCNB will retain this application whether or not it is approved.

Applicant's Signature (Required only for Joint Owners)

Date

Internal Use Only	ADDITIONAL APPLICANT 1	ADDITIONAL APPLICANT 2
	<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TeleCheck	<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TeleCheck