



## NEW ACCOUNT INFORMATION - RETIREMENT PLAN

Date: \_\_\_\_\_

Opened By: \_\_\_\_\_

### ACCOUNT INFORMATION

Plan # \_\_\_\_\_

Account # \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_

Type/Term of Account: \_\_\_\_\_

## PARTICIPANT INFORMATION

Name and Address:

Tax ID Number:

Date of Birth:

Primary Phone:

Secondary Phone:

Mother's Maiden Name:

Email Address:

Employer Name and Address:

### PRIMARY IDENTIFICATION

ID Type:

ID Type

ID Number:

ID Number:

ID Issued By:

ID Issued By

ID Issue Date:

ID Issue Date:

ID Expiration:

ID Expiration:

### SECONDARY IDENTIFICATION

## TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations or I am not subject to backup withholding.

*The above statement is true with the exception of:*

I am subject to backup withholding because of underreported interest and dividends.

I have applied or will soon apply for a TIN. If one is not provided to this institution within 60 days from today, I will be subject to backup withholding.

I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

## SIGNATURE

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### ACKNOWLEDGEMENT

By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand, and agree to be bound by the terms of the account agreement for the account type. The undersigned acknowledge receipt of an account disclosure, fee schedule, and a copy of this institutions privacy policy. The signer authorized this institution to make inquiries from any consumer reporting agency, including a check protections service, in connection with this account.

**SIGNATURE:** \_\_\_\_\_