Reset Form

PERSONAL ACCOUNTS APPLICATION

☐ **MoneyCard Checking NOW Account**
☐ **Savings Account**
☐ **Money Market Account**

Please return completed applications to TAB Bank, New Accounts Department:
Fax : (801) 624-5350 E-mail: tab.newaccts@tabbank.com
Mail to: PO. Box 150190, Ogden, UT 84415-9903
For questions, call toll-free (800) 215-7128 or visit us at www.tabbank.com

Applicant Information

First Name: M.I.: Last Name:

Social Security #: Position / Occupation:

Date Of Birth: Birth Place-State: Birth Place-Country:

Driver's License #: State: Expiration:

(Please provide a legible copy of your drivers license unless prohibited by law)

Home Phone: Mobile Phone:

Email: Security Code Word:

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Co-Applicant Information

First Name: M.I.: Last Name:

Social Security #: Position / Occupation:

Date Of Birth: Birth Place-State: Birth Place-Country:

Driver's License #: State: Expiration:

(Please provide a legible copy of your drivers license unless prohibited by law)

Home Phone: Mobile Phone:

Email: Security Code Word:

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Other Important Information

Under penalties of perjury, I certify that : (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and** (2) That I am not subject to backup withholding either because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Citizen or other U.S. person.

Certification Instructions: You must cross out item 2 (above) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are subject to backup withholding, check this box ☐ and initial _____ Co-Applicant ☐ and initial _____

Are you a U.S. Citizen or Permanent U.S. Resident? Yes ☐ No ☐
If you are not a U.S. Citizen or Resident Alien you must cross out Item 3 (above) and complete a W-8Ben form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Is any applicant a politically exposed person? Yes ☐ No ☐

Politically exposed person or **PEP** is a term that describes a person who may be or recently acted in the political arena of a country or has held a position in the recent past. Such an individual must be tracked by financial institutions as they pose potential reputational risk to regulated entities.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 applies for a account. What this means for you: When you apply for a 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.

By signing this application, I/We agree that all information is accurate. I/We certify that all the information provided is true and complete. I/We authorize TAB Bank to gather whatever information it considers necessary and appropriate in the evaluation of this application and the subsequent maintenance and review of any accounts following of this application. I/We authorize TAB Bank to verify information by any means, including but not limited to preparation of a credit report by a credit reporting agency. I/We certify that I am at least 18 years of age. I/We understand that the TAB MoneyCard Checking account, Savings account, and Money Market account are issued by TAB Bank.

Applicant Signatures

X _____ Date _____

I authorize TAB Bank to verify this information by any means, including but not limited to preparation of my credit report by a credit reporting agency. I understand that if I do not meet the qualifications for a MoneyCard Checking account that TAB Bank may consider my qualifications for a MoneyCard account.

X _____ Date _____

I authorize TAB Bank to verify this information by any means, including but not limited to preparation of my credit report by a credit reporting agency. I understand that if I do not meet the qualifications for a MoneyCard Checking account that TAB Bank may consider my qualifications for a MoneyCard account.

For Bank Use Only:

Date received: Filed by: