

The premier bank for urban communities

Personal Membership Introduction

★ Please tell us about yourself ★					
NAME		EMAIL ADDRESS		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
DATE OF BIRTH / /	SOCIAL SECURITY - -	MOTHER'S MAIDEN NAME	HOME PHONE NUMBER		
HOME ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY		STATE	ZIP
MAILING ADDRESS (IF NOT SAME AS HOME ADDRESS)		CITY		STATE	ZIP
WORK PHONE NUMBER	CELL/MOBILE PHONE	CURRENT EMPLOYER		OCCUPATION	
IDENTIFICATION (STATE ISSUED/TYPE)		IDENTIFICATION NUMBER		EXPIRATION DATE	
BENEFICIARY NAME(S):					

☑ Please tell us what type of account(s) you would like	
ACCOUNT TYPE	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> IRA <input type="checkbox"/> Holiday Club

☑ Please tell us what additional services you would like	
ADDITIONAL SERVICES	<input type="checkbox"/> Visa Debit/ATM Card <input type="checkbox"/> Purchase Rewards <input type="checkbox"/> Online/Mobile Banking <input type="checkbox"/> Home Loan <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Multifamily Loan

☑ Please tell us how you will use your account(s)	
CASH DEPOSITS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN? <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> OCCASIONALLY CASH WITHDRAWALS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN? <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> OCCASIONALLY	WIRE TRANSFERS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN? <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> DOMESTIC <input type="checkbox"/> INTERNATIONAL: WHAT COUNTRY(IES): _____

I hereby certify the above information is accurate.

Signature	
Accountholder Signature:	Date:

For Bank Use Only:

INDIVIDUAL ACCOUNT JOINT ACCOUNT (Complete reverse side for joint accounts.)

Does the customer currently have other OneUnited Bank accounts/services? No Yes

Is the customer's residence/business near the bank? (Within a 10 mile radius) No Yes

If no, why did the customer choose OneUnited Bank? _____

CHEX SYSTEM COMPLETED: Yes No CIP COMPLETED: Yes No (existing customer)

CHEX SYSTEM RESPONSE: No Record Record Reported Name of Bank(s) Reporting: _____

DATE(S) REPORTED: _____ INFORMATION REPORTED: _____

BRANCH MANAGER EXCEPTION (SIGNATURE REQUIRED) TO OPEN: _____

Additional Account Holder ★Please tell us about yourself ★					
NAME		EMAIL ADDRESS		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
DATE OF BIRTH / /	SOCIAL SECURITY - -	MOTHER'S MAIDEN NAME	HOME PHONE NUMBER		
HOME ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY		STATE	ZIP
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IDENTIFICATION (STATE ISSUED/TYPE)		IDENTIFICATION NUMBER		EXPIRATION DATE	
BENEFICIARY NAME(S):					

I hereby certify the above information is accurate.

Signature
Accountholder Signature:
Date:

Additional Account Holder ★Please tell us about yourself ★					
NAME		EMAIL ADDRESS		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
DATE OF BIRTH / /	SOCIAL SECURITY - -	MOTHER'S MAIDEN NAME	HOME PHONE NUMBER		
HOME ADDRESS (P.O. BOX IS NOT ACCEPTABLE)		CITY		STATE	ZIP
MAILING ADDRESS (IF NOT SAME AS HOME ADDRESS)		CITY		STATE	ZIP
WORK PHONE NUMBER	CELL/MOBILE PHONE	CURRENT EMPLOYER		OCCUPATION	
IDENTIFICATION (STATE ISSUED/TYPE)		IDENTIFICATION NUMBER		EXPIRATION DATE	
BENEFICIARY NAME(S):					

I hereby certify the above information is accurate.

Signature
Accountholder Signature:
Date: