



# Lakeside State Bank

THANK YOU FOR CHOOSING US!

**\*\*PLEASE COMPLETE THE FOLLOWING INFORMATION FOR A PERSONAL CHECKING ACCOUNT\*\***

\_\_\_\_\_ SINGLE OWNER \_\_\_\_\_ JOINT OWNER

**\*\*PLEASE CHOOSE THE TYPE OF DESIRED ACCOUNT\*\***

\_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ BUSINESS \_\_\_\_\_ MINOR/UTMA

**\*\*\*\*\*PLEASE PRINT YOUR PERSONAL INFORMATION\*\*\*\*\***

**PRIMARY ACCOUNT HOLDER INFORMATION (IF JOINT OWNERSHIP, PLEASE COMPLETE PAGE 2)**

\_\_\_\_\_  
FIRST NAME & MIDDLE INITIAL

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SOCIAL SECURITY # (DO NOT PROVIDE IF FAXING OR EMAILING)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HOME PHONE #

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
WORK PHONE #

\_\_\_\_\_  
ALT. PHONE #

\_\_\_\_\_  
DRIVER'S LICENSE #

\_\_\_\_\_  
STATE OF RESIDENCE

\_\_\_\_\_ EMPLOYED \_\_\_\_\_ UNEMPLOYED

\_\_\_\_\_ RETIRED\* \_\_\_\_\_ DISABLED

\_\_\_\_\_  
OCCUPATION\*:

\_\_\_\_\_  
SECURITY QUESTIONS:

\*IF YOU MARKED EMPLOYED OR RETIRED PLEASE STATE WHO YOU'RE EMPLOYED WITH OR WHAT YOU'RE RETIRED FROM

\_\_\_\_\_  
CITY BORN IN:

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
EMAIL ADDRESS\*

\*By providing your email address, you are giving us permission to send email messages to you.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*DOCUMENTARY VERIFICATION (MUST PROVIDE TWO (2), ONE OF WHICH MUST BE A PRIMARY I.D.\*\***

**PRIMARY**

**SECONDARY**

- \_\_\_\_\_  
STATE DRIVER'S LICENSE OR ID CARD
- \_\_\_\_\_  
CONCEAL CARRY ID
- \_\_\_\_\_  
MILITARY I.D. CARD
- \_\_\_\_\_  
PASSPORT
- \_\_\_\_\_  
U.S. ALIEN REGISTRATION CARD
- \_\_\_\_\_  
TRIBAL ID CARD

- \_\_\_\_\_  
SOCIAL SECURITY CARD
- \_\_\_\_\_  
STUDENT I.D. CARD
- \_\_\_\_\_  
INSURANCE CARD
- \_\_\_\_\_  
BIRTH CERTIFICATE
- \_\_\_\_\_  
UTILITY BILL

**ALONG WITH THE ABOVE MENTIONED DOCUMENTS PLEASE PROVIDE PROOF OF ADDRESS**

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_



# Lakeside State Bank

## SECONDARY ACCOUNT HOLDER INFORMATION

\_\_\_\_\_  
FIRST NAME & MIDDLE INITIAL

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SOCIAL SECURITY # (DO NOT PROVIDE IF FAXING OR EMAILING)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HOME PHONE #

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
WORK PHONE #

\_\_\_\_\_  
ALT. PHONE #

\_\_\_\_\_  
DRIVER'S LICENSE #

\_\_\_\_\_  
STATE OF RESIDENCE

\_\_\_\_\_  
EMPLOYED

\_\_\_\_\_  
UNEMPLOYED

\_\_\_\_\_  
RETIRED\*

\_\_\_\_\_  
DISABLED

\_\_\_\_\_  
OCCUPATION\*:

\_\_\_\_\_  
SECURITY QUESTIONS:

\*IF YOU MARKED EMPLOYED OR RETIRED PLEASE STATE WHO YOU'RE  
EMPLOYED WITH OR WHAT YOU'RE RETIRED FROM

\_\_\_\_\_  
CITY BORN IN:

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
EMAIL ADDRESS\*

\*By providing your email address, you are giving us permission to send email messages to you.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*DOCUMENTARY VERIFICATION (MUST PROVIDE TWO (2), ONE OF WHICH MUST BE A PRIMARY I.D.\*\*

### **PRIMARY**

- \_\_\_\_\_  
STATE DRIVER'S LICENSE OR ID CARD
- \_\_\_\_\_  
CONCEAL CARRY ID
- \_\_\_\_\_  
MILITARY I.D. CARD
- \_\_\_\_\_  
PASSPORT
- \_\_\_\_\_  
U.S. ALIEN REGISTRATION CARD
- \_\_\_\_\_  
TRIBAL ID CARD

### **SECONDARY**

- \_\_\_\_\_  
SOCIAL SECURITY CARD
- \_\_\_\_\_  
STUDENT I.D. CARD
- \_\_\_\_\_  
INSURANCE CARD
- \_\_\_\_\_  
BIRTH CERTIFICATE
- \_\_\_\_\_  
UTILITY BILL

ALONG WITH THE ABOVE MENTIONED DOCUMENTS PLEASE PROVIDE PROOF OF ADDRESS