

(A) ACCOUNT INFORMATION

<input type="checkbox"/> Establish new account <input type="checkbox"/> Change existing account		Bank of Fairfield Customer Account Number:	
Savings: <input type="checkbox"/> Regular <input type="checkbox"/> Children's <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Retirement Account	Checking: <input type="checkbox"/> No Fee Checking <input type="checkbox"/> Bank of Fairfield Freedom Account <input type="checkbox"/> Money Market /NOW	Products & Services: <input type="checkbox"/> Check/Debit Card <input type="checkbox"/> Online Banking <input type="checkbox"/> Online Bill Pay	<input type="checkbox"/> Safe Deposit Box (not FDIC insured) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Designate the ownership of all the accounts and responsibility for the services requested:			
<input type="checkbox"/> Individual		<input type="checkbox"/> Joint with right of survivorship <input type="checkbox"/> Joint without right of survivorship <input type="checkbox"/> Other _____	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act, a Federal law, requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means to 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.

(B) APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NUMBER		
STREET ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP	
HOME PHONE ()	CELL PHONE ()	WORK PHONE ()	EMAIL ADDRESS		
BIRTHDATE	BIRTHPLACE	MOTHER'S MAIDEN NAME			
EMPLOYER (NAME, ADDRESS, PHONE)		OCCUPATION/POSITION		LENGTH OF EMPLOYMENT	
PREVIOUS FINANCIAL INSTITUTION	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER		ISSUING STATE	Expiration Date
NEAREST RELATIVE (NOT LIVING WITH YOU)	HOME PHONE	CITY	STATE	RELATIONSHIP	

(C) CO-APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NUMBER		
STREET ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP	
HOME PHONE ()	CELL PHONE ()	WORK PHONE ()	EMAIL ADDRESS		
BIRTHDATE	BIRTHPLACE	MOTHER'S MAIDEN NAME			
EMPLOYER (NAME, ADDRESS, PHONE)		OCCUPATION/POSITION		LENGTH OF EMPLOYMENT	
RELATIONSHIP TO APPLICANT	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER		ISSUING STATE	Expiration Date
NEAREST RELATIVE (NOT LIVING WITH YOU)	HOME PHONE	CITY	STATE	RELATIONSHIP	

(D) SIGNATURES

By signing below, you certify that the information on this MasterApp is complete, true, and submitted for the purpose of obtaining the accounts and services requested. *Notice: consumer credit report(s) may be obtained and credit information exchanged and used in connection with this application and any update or renewal requested by this application. By signing this application, you consent to our obtaining consumer credit report(s).* By signing below, you agree to the terms of the following Agreements to the accounts and/or services requested. The applicable Agreements and Disclosures will be provided to you separately from this MasterApp. Also, you authorize us to open any accounts and services in the future upon your verbal or written request.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

FOR INTERNAL USE ONLY

Original to be sent to Bankcard Dept/Deposit Dept—copy in file	Date Approved	Approved By	Portfolio Number:
	Date Approved	Approved By	Account Number:

(E) ADDITIONAL CO-APPLICANT INFORMATION					
NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NUMBER		
STREET ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP	
HOME PHONE ()	CELL PHONE ()	WORK PHONE ()		EMAIL ADDRESS	
BIRTHDATE	BIRTHPLACE	MOTHER'S MAIDEN NAME			
EMPLOYER (NAME, ADDRESS, PHONE)			OCCUPATION/POSITION		LENGTH OF EMPLOYMENT
RELATIONSHIP TO APPLICANT		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER ISSUING STATE Expiration Date	
NEAREST RELATIVE (NOT LIVING WITH YOU)		HOME PHONE	CITY	STATE	RELATIONSHIP

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HOME PHONE ()	CELL PHONE ()	WORK PHONE ()		EMAIL ADDRESS	
BIRTHDATE	BIRTHPLACE	MOTHER'S MAIDEN NAME			
EMPLOYER (NAME, ADDRESS, PHONE)			OCCUPATION/POSITION		LENGTH OF EMPLOYMENT
RELATIONSHIP TO APPLICANT		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER ISSUING STATE Expiration Date	
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(F) SIGNATURES

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CO-APPLICANT'S SIGNATURE X	DATE	CO-APPLICANT'S SIGNATURE X	DATE
CO-APPLICANT'S SIGNATURE X	DATE		