



## Internal Use Only

Risk Code:	Verify OFAC: Y N	Date Opened:	Opened By:
<b>Type of Account</b>		<b>Other Services</b>	
Checking	Savings CD IRA HSA	ATM/Debit Card	Internet Banking
		Safe Deposit Box	E-Statements
		Loan Services	Mobile Banking
		Ready Reserve	
Checking / Savings		Amount	Checking Cycle
Type		CD-IRA#	Amount
Safe Deposit #	Size	Amt	Term
			Rate
			APY

What Type of Account are you interested in opening?    Checking    Savings    CD    IRA    HSA  
What is the best way to contact you to discuss account options? \_\_\_\_\_

*Prior to opening any account, a Bank of Commerce representative will verify your identity by taking copies of two forms of identification.*

Valid Photo Identification    Social Security Number Verification

## Primary Owner

First Name	Middle Name	Last Name
Physical Address	Mailing Address	
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Email Address	DOB	SSN
Driver's License / Picture ID	State	
2 <sup>nd</sup> ID	Employment	Occupation

## Joint Owner / Authorized Signer

First Name	Middle Name	Last Name
Physical Address	Mailing Address	
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Email Address	DOB	SSN
Driver's License / Picture ID	State	
2 <sup>nd</sup> ID	Employment	Occupation

## Primary Beneficiaries

Name	Relationship	Percentage	ID
Name	Relationship	Percentage	ID
Name	Relationship	Percentage	ID
Name	Relationship	Percentage	ID

(See page 2 for additional Joint Owners, Authorized Signers, or Contingent Beneficiaries.)

## ChexSystem

*I hereby state that the above information is correct to the best of my knowledge. I hereby agree to allow Bank of Commerce to conduct a ChexSystem on primary and other joint owners.*

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Joint Account Holder Signature



**Only complete this page if you are adding additional Joint Owners, Authorized Signers or Contingent Beneficiaries to your account.**

### Joint Owner / Authorized Signer

First Name	Middle Name	Last Name
Physical Address	Mailing Address	
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Email Address	DOB	SSN
Driver's License / Picture ID	State	
2 <sup>nd</sup> ID	Employment	Occupation

### Joint Owner / Authorized Signer

First Name	Middle Name	Last Name
Physical Address	Mailing Address	
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Email Address	DOB	SSN
Driver's License / Picture ID	State	
2 <sup>nd</sup> ID	Employment	Occupation

### Joint Owner / Authorized Signer

First Name	Middle Name	Last Name
Physical Address	Mailing Address	
City	State	Zip Code
Home Phone	Cell Phone	Work Phone
Email Address	DOB	SSN
Driver's License / Picture ID	State	
2 <sup>nd</sup> ID	Employment	Occupation

### Contingent Beneficiaries

Name	Relationship	Percentage	ID
Name	Relationship	Percentage	ID
Name	Relationship	Percentage	ID

### ChexSystem

*I hereby state that the above information is correct to the best of my knowledge. I hereby agree to allow Bank of Commerce to conduct a ChexSystem on additional joint owners, listed below.*

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Joint Account Holder Signature