

New Account Application
JOINT ACCOUNTHOLDER INFORMATION

Existing Customer: Yes No

*Applicant Legal Name: First Name MI Last Name Suffix

*Social Security Number: Date of Birth:
(mm/dd/yyyy)

*Street Address: Apt. #
(No P.O. Boxes)

*City: *State: *Zip:

Mailing Address:
(if different from street)

City: State: Zip:

Mothers Maiden Name: City you were Born In:

Home Phone: Cell Phone:

*ID Info - Number: State: Expires:
(Government Issued Photo ID)

Email:

Current Employer: Occupation:

Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen, how long do you expect to remain in the U.S.?

If you are not a U.S. Citizen, do you have permission to work in the U.S.? Yes No

Are you or any of your relatives or associates connected to the government of a country other than the United States?
Y/N

If yes, please explain:

Will any of the accountholder's income come from the manufacturing, sale or distribution of marijuana, CBD, or Hemp? Yes No

**Required by federal law*
By signing this document, I authorize Lakeside State Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Lakeside State Bank products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

Joint Accountholder Signature

Date