



**Firsttrust Banking Relationship Application (New Accounts, Internet Banking Access and VISA® Check Card)**

Thank you for choosing Firsttrust for your banking needs.

- Step 1.** Print out this form.
- Step 2.** Fill out this form.
- Step 3.** Mail us the signed print out of the form.

Please sign where indicated and mail the completed form with your opening deposit check, made payable to Firsttrust Bank, or indicate your authorization to transfer funds from an existing Firsttrust Bank account on the application. Mail it to Firsttrust Bank, Attn: Fulfillment Center, 1931 Cottman Avenue, Philadelphia, PA 19111. The account disclosures and a signature card to be signed and returned, will be sent to you once your account(s) is opened. Should you have any questions, please call **800-220-BANK**.

**Customer Information**

**PRIMARY ACCOUNT HOLDER**

Name

Social Security Number

Date of Birth

Street Address

City  State

Zip

Daytime Phone

Evening Phone

E-Mail Address

**JOINT ACCOUNT HOLDER**

Name

Social Security Number

Date of Birth

Street Address

City  State

Zip

Daytime Phone

Evening Phone

E-Mail Address

**Driver's License Information**

State  License #

Expiration Date

Name and address on license if different than above.

State  License #

Expiration Date

Name and address on license if different than above.

**Additional Identification**

Type of Identification (e.g. Credit Card)

Account #

Name and address on identification

Mother's Maiden Name:

Type of Identification (e.g. Credit Card)

Account #

Name and address on identification

Mother's Maiden Name:

**Other Information**

Are you currently a Firsttrust customer?  
 Yes  No

Are you currently a Firsttrust customer?  
 Yes  No

**Checking Account (Retail only)**

**Account Type:** (check one)  FirstCheck®  FirstCheck Direct®  
 FirstClass  FirstClass Plus  FirstClass 50

**Ownership:** (check one)  Individual  Joint (any one to sign)  Joint (requires both signatures)

**Amount of Deposit \$**

Check enclosed

Transfer from Checking Account #

Transfer from Savings Account #

Transfer from Money Market Account #

**Internet Banking Access Requested**

**Savings Account (Retail Only)**

**Account Type:** (check one)  Market Rate  Statement Savings  FirstSaver®  Preferred Savings

Retirement Statement Savings (IRA):  Traditional IRA  Roth IRA  Education IRA

Retirement Preferred Savings (IRA):  Traditional IRA  Roth IRA  Education IRA

**Ownership:** (check one)  Individual  Joint (any one to sign)  Joint (requires both signatures)

In Trust For (if applicable)

**Amount of Deposit \$**

Check enclosed

Transfer from Checking Account #

Transfer from Savings Account #

Transfer from Money Market Account #

Internet Banking Access Requested

**Money Market Account (Retail Only)**

**Account Type:** (check one)  Money Market

**Ownership:** (check one)  Individual  Joint (any one to sign)  Joint (requires both signatures)

In Trust For (if applicable)

**Amount of Deposit \$**

Check enclosed

Transfer from Checking Account #

Transfer from Savings Account #

Transfer from Money Market Account #

Internet Banking Access Requested

**Certificate of Deposit (Retail only)**

**Account Type:** (check one)  Regular Certificate

**Retirement Certificate (IRA):**  Traditional IRA  Roth IRA  Education IRA

Term of Certificate (in months):

(For Available Terms visit Firsttrust.com)

**Ownership:** (check one)  Individual  Joint (any one to sign)  Joint (requires both signatures)

**Retirement account must be an individual account.**

In Trust For (if applicable)

**Frequency of Interest Payment:**  Monthly  Quarterly  Semi-Annually  Annually

**Method of Interest Payment:**

Added to CD (payment frequency must be quarterly)

Deposit to Checking Account #

Deposit to Money Market Account #

Deposit to Savings Account #

**Amount of Deposit \$**

Check enclosed

Transfer from Checking Account #

Transfer from Savings Account #

Transfer from Money Market Account #

Internet Banking Access Requested

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

(1) **Taxpayer Identification Number:** The taxpayer Identification Number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) **Backup Withholding:** I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) **United States Person:** I am a United States person (including a U.S. resident alien).

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Signatures**

Authorized Signer No. 1	Authorized Signer No. 2	Authorized Signer No. 3
Date	Date	Date

RETAIL ACCOUNTS: I/We acknowledge the (i) Truth In Savings Disclosure, (ii) Retail Banking Fee Schedule, (iii) Account Agreement, Funds Availability & Electronic Funds Transfer (EFT) Disclosure applicable to Firsttrust's Retail Accounts, and (iv) the rate sheet applicable to my/our account will be provided to me/us by mail.

I/We represent that the information provided above is true and correct.

**FirstSite Internet Banking Customer Authorization**

You desire to subscribe to this service and authorize us to transfer to and from designated accounts pursuant to your payment and/or transfer instructions and you authorize us to post such payments and/or transfers to your designated account(s). You understand that we will not make certain payments and/or transfers if sufficient funds are not available in your designated account(s). You agree that you will not give your login ID and/or password to another person. If you fail to observe this condition and provide your login ID and/or password to any other person, you agree that you authorize and ratify, without exception, any and all transfers and payments initiated by any such person with respect to your designated account(s) linked or added in the future. Your authorizations are and will be in force until revoked by you or us in writing and are subject to the FirstSite® Retail Internet Banking Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VISA Check Card Application**

You must have a checking account to receive a Firsttrust VISA Check Card and you may be subject to credit approval.

Current Firsttrust Checking Account #

When there are two applicants, each applicant will receive a card.

**Applicant PIN**

**Second Applicant PIN**

<p>Record your PIN here.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>- SELECT ALL LETTERS OR ALL NUMBERS</p> <p>- DO NOT SELECT '1234' or 4 CONSECUTIVE NUMBERS OR LETTERS</p>	<p>You acknowledge that your PIN is an identification code that is personal and confidential and agree to take all reasonable precautions so that no one else learns your PIN.</p>	<p>Record your PIN here.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>- SELECT ALL LETTERS OR ALL NUMBERS</p> <p>- DO NOT SELECT '1234' or 4 CONSECUTIVE NUMBERS OR LETTERS</p>	<p>You acknowledge that your PIN is an identification code that is personal and confidential and agree to take all reasonable precautions so that no one else learns your PIN.</p>
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"Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law".

I understand that all applicable account agreements, disclosures, fee schedules and/or signature cards will be mailed to me upon completion of account opening(s). The account opening date will be deemed to be the date on which the check and/or this New Account Information Form is received by the Bank. By signing below, I agree to be bound by the terms and conditions that apply to my account which will be mailed to me. I agree that my account is subject to final approval by Firsttrust. If I have requested a Firsttrust VISA Check Card, I agree to be bound by the terms of Firsttrust's agreement for such card, which, along with the applicable disclosures, will be mailed to me.

Applicant Signature \_\_\_\_\_ Date

Applicant Signature \_\_\_\_\_ Date

**Mail Signed Form to:**

**Firsttrust Bank  
Attn: Fulfillment Center  
1931 Cottman Avenue  
Philadelphia, PA 19111**

