



Firsttrust Banking Relationship Application

For All New Accounts, Internet Banking Access and VISA® Debit Card

Thank you for choosing Firsttrust for your banking needs.

- Step 1.** Fill out this PDF on your computer.
- Step 2.** Print out the complete form and sign it.
- Step 3.** Mail the signed, completed form to the Customer Care Center at the address below.

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: Customer Care 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

SECONDARY 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:

Are you currently a Firsttrust customer?

YES NO

Type of Identification (e.g. credit card)

Account #

Name and address on identification

Mother's Maiden Name:

Are you currently a Firsttrust customer?

YES NO

Checking Account *(Retail only)*

Account Type:
(check one)

FirstPaySM

FirstPaySM Premier

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 #

Internet Banking Access Requested

Savings Account *(Retail only)*

Account Type:
(check one)

Market Rate

Market Rate Savings (under age 18)

Minor's Date of Birth

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 #

Internet Banking Access Requested

Certificate of Deposit (Retail only)

Account Type: Regular Certificate

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

Terms of Certificate (*in months*):
(For available terms visit firsttrust.com)

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

***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 Savings Account #

Amount of Deposit \$

Check enclosed

Transfer from Checking Account #

Transfer from Savings 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

<i>Authorized Signer No. 1</i>	<i>Authorized Signer No. 2</i>	<i>Authorized Signer No. 3</i>
<i>Date</i>	<i>Date</i>	<i>Date</i>

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.

Internet Banking Customer Authorization

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

Signature: _____ Date: _____

Signature: _____ Date: _____

VISA® Debit Card Application

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

Current Firsttrust Checking Account #

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

"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/We understand that all applicable account agreements, disclosures, fee schedules and/or signature cards will be mailed to me/us 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/we agree to be bound by the terms and conditions that apply to my/our account which will be mailed to me/us. I/We agree that my account is subject to final approval by Firsttrust. If I/we have requested a Firsttrust VISA® Debit Card, I/we 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/us.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Mail Signed Form to:

Firsttrust Bank
Attn: Customer Care Center
1931 Cottman Avenue
Philadelphia, PA 19111