

Account Application Instructions

(To open a Business or Trust Account please visit a *BankFinancial* branch.)

A. Customer Information

Please complete the Customer information section of the account application.

- For account owner 1 and/or 2, fill in the full name (first, middle initial, last) including title and suffix if applicable, social security number, permanent address (no P.O. Box), city, state, zip code, home and work phone numbers, e-mail address (optional), mother's maiden name, and date of birth.
- Check the box next to the account owner who will report the interest income. ***Only one account owner can report the interest income.***
- Fill in your primary identification information (this includes ID #, issue date and expiration date) and list the type of your secondary identification. All forms of identification must be current and issued more than six (6) months prior to today's date. Refer to the table below for acceptable forms of identification.

| Primary Identification | Secondary Identification |
|------------------------|---------------------------|
| Driver's License | Social Security Card |
| Passport | Voter's Registration Card |
| U.S. Military ID | Credit Card |
| State ID | Medicare/Medicaid Card |

If the ID information is not included, the application will not be processed.

- Answer **ONE** of the secret questions; the answer will be used for verification purposes when contacting customer service. For security purposes, please do not share your answer with others.

B. Account Information

**** You have 30 days to visit your primary branch to fund the account before it is closed.***

For checking products:

- Check the box for the product(s) you would like to open.
- Select the type of account ownership required (individual or joint).
- Fill in the number of authorized signatures that will be required to withdrawal funds from the account.

For money market products:

- Check the box for the product(s) you would like to open.
- Select the type of account ownership required (individual or joint).
- Fill in the number of authorized signatures that will be required to withdrawal funds from the account.

For savings products:

- Check the box for the product(s) you would like to open.
- Select the type of account ownership required (individual, joint, or custodial). Note that a Kids Savings account requires either joint or custodial ownership.
- Fill in the number of authorized signatures that will be required to withdrawal funds from the account.

For CD products:

- Check the box for the product(s) you would like to open.
- How often would you like interest to be credited to your account?
- Choose to have your interest paid by check, automatic transfer into another account, or have it put back into the CD by compounding the interest.
- Select the type of account ownership required (individual, custodial or joint).
- Fill in the number of authorized signatures that will be required to withdrawal funds from the account.

C. Related Products and Services

If you are interested in related products or services, please select the product or service you would like to open. The applicable forms will be sent to you with your new account documentation.

- Visa Check Card/ATM Card
- Savings Sweep
- Online Banking

D. *BankFinancial* Branch

Please check the box of the *BankFinancial* branch you anticipate using most often. Branch addresses can be found at <http://www.bankfinancial.com/home/bra>.

E. Date & Signature(s)

Each account owner must sign and date the bottom of page 2. By signing, you verify that the information contained in the application is accurate and the product(s) selected are to be opened.

Mail all completed forms to:

BankFinancial
6415 West 95th Street
Chicago Ridge, Illinois 60415-2600

F. Funding the Account

Visit the *BankFinancial* branch you marked on your application as the location you will visit most often within 30 days to fund the account, sign the signature card and present proper identification.

ACCOUNT APPLICATION

A. Customer Information (Customer to complete) Please Print

Account Owner 1 Check here if account owner 1 will report the interest income.

| | |
|-------------------------------|---|
| Full Name | Social Security Number |
| Resident Address | Home Phone Work Phone |
| City, State and Zip Code | E-mail Address (optional) |
| Mother's Maiden Name | Date of Birth |
| Primary Identification | Secondary Identification Type |
| Type & Number | Please answer <u>ONE</u> of these questions for identification purposes. |
| Expiration Date | What street did you live on as a child? _____ |
| Issued By & Issue Date | What was your first car? _____ |
| | What grade school did you attend? _____ |

Account Owner 2 Check here if account owner 2 will report the interest income.

| | |
|-------------------------------|---|
| Full Name | Social Security Number |
| Resident Address | Home Phone Work Phone |
| City, State and Zip Code | E-mail Address (optional) |
| Mother's Maiden Name | Date of Birth |
| Primary Identification | Secondary Identification Type |
| Type & Number | Please answer <u>ONE</u> of these questions for identification purposes. |
| Expiration Date | What street did you live on as a child? _____ |
| Issued By & Issue Date | What was your first car? _____ |
| | What grade school did you attend? _____ |

Attach additional pages for more than two (2) account owners.

