



240-333-9059 • 800-383-6266 • fax 301-951-3582 • www.presidential.com

Presidential Bank
ATTN: New Accounts
4520 East-West Highway
Bethesda, MD 20814

Internet Account Application

Page 1 of 4

Instructions

- Please complete the 4 page form below and follow the instructions for each section.
- Mail this form, along with your initial deposit, to the above address.
- Your email address is required for all Internet Account Applications.
- Asterisk (*) next to the field indicates it is required.

Important Account Opening Information: Federal law requires all financial institutions to obtain, verify and record required information that identifies each person who opens an account, as a part of ongoing federal anti-terrorism and anti-money laundering efforts. Therefore, when you open an account, we are required by law to obtain your name, address, date of birth, and other information that we believe will allow us to accurately identify you. We may ask to see a copy of your driver's license or other identifying documents. We may also ask for similar identifying information concerning individuals with authority or control over any account, even if it is not in their own name.

*Internet Account Type

Choose Only One Account (one account per application). Not for Commercial Accounts

Checkless Checking	Checking Plus	Internet Checking
Money Market Plus	Money Market	Regular Checking
Premier Savings	Statement Savings	CD Term:

Note: Checking Plus requires a monthly electronic direct deposit of at least \$200 from payroll, Social Security, Annuity or Pension. CD terms are 30, 60, 90, 182 days, 1 year, 2 years, 3 years or 5 years. CDs of 1 year or longer are eligible for one-time rate bump up option (see [Account Portfolio](#) for details).

*Initial Deposit

Please provide us with your initial deposit amount.

Amount: \$ _____ Check enclosed Transfer from my existing account# _____

*Account Ownership

Choose only one Account Ownership

Individual	Custodial (Uniform Transfer to Minor Act) (Savings and CD's Only)
Joint with Survivorship	Trust (Copy of Separate Trust Agreement Required)
Sole Proprietor	Title: _____

If the account is a trust, please provide the date, Title and Tax ID (if applicable) of the trust.

Date: Month ____ Day ____ Year _____, Title: _____,

Tax ID: _____

Account Owner/Signer Information – Customer #1 (Tax Reported Owner)

Note: For Custodial Accounts, Minors are listed as Customer #1 but do not have signing Authority. Custodian(s), Customer # 2 (and # 3), will be the signer(s) on UTMA accounts.

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____

* Email Address: _____

* Home Phone: _____ Office Phone: _____ Cell Phone: _____

* Date of Birth: Month ____ Day ____ Year ____ * Social Security / Tax ID No.: _____

*Are you a US Citizen? Yes No. If not a Citizen, list your resident tax country: _____. If not a Citizen, are you a Senior Political Official of a Foreign Government? _____ If not a Citizen, are you an immediate family member or close personal professional of a Senior Official of a Foreign Government? _____

* Driver's License/State ID Number: _____ State: _____ Issued: _____ Expires: _____

* Home/Physical Address (P.O. Box Not Allowed): _____

City: _____ ST: _____ Zip Code: _____

Mailing Address if different from Home Address:

Street Address: _____ City: _____ ST: _____ Zip Code: _____

* Employer: _____ * Occupation: _____
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

*Source of Income: _____ If "other", please describe: _____

Internet Account Application

Page 2 of 4

Account Owner/Signer Information – Customer #2

Other Check if this signer is other than an owner (Circle One: Custodian, Guardian, Conservator, Power of Attorney) Original Documents Required for Guardian's, Conservator's or POA's

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____

* Email Address: _____ * Relationship to Customer #1: _____

* Home Phone: _____ Office Phone: _____ Cell Phone: _____

* Date of Birth: Month _____ Day _____ Year _____ * Social Security / Tax ID No.: _____

*Are you a US Citizen? Yes No. If not a Citizen, list your resident tax country: _____. If not a Citizen, are you a Senior Political Official of a Foreign Government? _____ If not a Citizen, are you an immediate family member or close personal professional of a Senior Official of a Foreign Government? _____

* Driver's License/State ID Number: _____ State: _____ Issued: _____ Expires: _____

* Home Address: _____ City: _____ ST: _____ Zip Code: _____

* Employer: _____ * Occupation: _____
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

*Source of Income: _____ If "other", please describe: _____

Account Owner/Signer Information – Customer #3

Other Check if this signer is other than an owner (Circle One: Custodian, Guardian, Conservator, Power of Attorney) Original Documents Required for Guardian's, Conservator's or POA's

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____

* Email Address: _____ * Relationship to Customer #1: _____

* Home Phone: _____ Office Phone: _____ Cell Phone: _____

* Date of Birth: Month _____ Day _____ Year _____ * Social Security / Tax ID No.: _____

*Are you a US Citizen? Yes No. If not a Citizen, list your resident tax country: _____. If not a Citizen, are you a Senior Political Official of a Foreign Government? _____ If not a Citizen, are you an immediate family member or close personal professional of a Senior Official of a Foreign Government? _____

* Driver's License/State ID Number: _____ State: _____ Issued: _____ Expires: _____

* Home Address: _____ City: _____ ST: _____ Zip Code: _____

* Employer: _____ * Occupation: _____
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

*Source of Income: _____ If "other", please describe: _____

Account Owner/Signer Information – Customer #4

Other Check if this signer is other than an owner (Circle One: Custodian, Guardian, Conservator, Power of Attorney) Original Documents Required for Guardian's, Conservator's or POA's

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____

* Email Address: _____ * Relationship to Customer #1: _____

* Home Phone: _____ Office Phone: _____ Cell Phone: _____

* Date of Birth: Month _____ Day _____ Year _____ * Social Security / Tax ID No.: _____

*Are you a US Citizen? Yes No. If not a Citizen, list your resident tax country: _____. If not a Citizen, are you a Senior Political Official of a Foreign Government? _____ If not a Citizen, are you an immediate family member or close personal professional of a Senior Official of a Foreign Government? _____

* Driver's License/State ID Number: _____ State: _____ Issued: _____ Expires: _____

* Home Address: _____ City: _____ ST: _____ Zip Code: _____

* Employer: _____ * Occupation: _____
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

*Source of Income: _____ If "other", please describe: _____

Internet Account Application

Page 3 of 4

Beneficiary Designation

Name: _____ SSN/TIN: _____ DOB: _____

Address: _____

Name: _____ SSN/TIN: _____ DOB: _____

Address: _____

Name: _____ SSN/TIN: _____ DOB: _____

Address: _____

All beneficiaries are considered primary unless noted next to the name "Contingent Beneficiary". Funds are distributed equally. Beneficiaries are not applicable for Trust Accounts unless designated within the trust document.

*Signature Card - TIN/Backup Withholding

Please provide Tax ID, Sign and Date below:

Reporting TIN: _____

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. person (including U.S. resident alien), and that (check appropriate box):

I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding. (Percentage of interest will be withheld)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The FATCA (Foreign Account Tax Compliance Act) code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Cardholder Agreement: The card (ATM/VISA® Check Card) is the property of Presidential Bank and is subject to cancellation at any time.

I will be assigned a Personal Identification Number (PIN). At no time will I reveal or make available directly or indirectly, the PIN to any other person.

Any loss or theft of the card and/or PIN and errors/unauthorized transactions will be promptly reported to Presidential Bank at 1-800-383-6266.

All deposit transactions are credited subject to verification and final collection of payment.

Use of the card is subject to the banks disclosures as now in force and hereafter amended. Not all Accounts/Signers are eligible for a card.

ALL AUTHORIZED SIGNERS MUST SIGN BELOW:

The undersigned hereby applies to Presidential Bank, FSB (the Bank) to open the account described above. I/we have reviewed the Bank's Deposit Account Rules and Regulations, Account Portfolio, Fee Schedule, Check Hold Policy, Electronic Funds Transfer Act Disclosure & Agreement and Privacy Policy and agree to be bound by their terms. For income tax reporting purposes, the Bank will assign income earned on this account to the social security number or taxpayer identification number designated as customer #1 or Trust Tax ID in the application. All accounts are subject to review and final approval by the Bank. I/we agree that the Bank may obtain employer references and credit reports when deemed appropriate for purposes of account acceptance.

Signature 1 _____ Date _____
mm/dd/yyyy

Signature 2 _____

Signature 3 _____

Signature 4 _____

Internet Account Application

Additional Services

Note: Email Deposit Receipt Notifications are standard with all Internet Accounts.

Yes, I want my 20 free checks (Applies to Internet Checking and Checking Plus Accounts only. Money Market accounts receive free checks). Regular Checking Accounts: After you receive notification that your account is opened via US Mail, please contact our Customer Service Center at 1-800-383-6266 to order checks. Check printing charges vary by style and fees will be electronically debited from your account. **Checks are not available for Checkless Checking accounts.**

Yes, I want an ATM or Visa® Check Card and/or I want to add this account to my existing ATM or Visa® Check Card. Please complete the ATM/Visa® Check Card section on page 4 of this application.

[Fax Authorization Form](#) (i.e. Wire funds via faxed request). If checked, Fax Authorization Form must be completed, signed and returned with this application.

We've Gone Green! Online statements are standard with all transactional accounts opened online or via mailed in application. You may view, print and save your Online Historical Statements and Check/Deposit images using Personal Online Banking. **Paperless Statements are required for Checkless Checking accounts.**

Select this box only to receive mailed paper statements in addition to electronic statements. By clicking here, you will receive a monthly paper statement with check images. **Not available for Checkless Checking accounts.**

[Automatic Overdraft Transfer Authorization Form](#) (protect one account from overdrafts by drawing funds from your other account at Presidential). If checked, Automatic Overdraft Transfer Authorization Form must be completed, signed and returned with this application.

Email Deposit Notifications are standard with all Internet Accounts. Upon receipt of a deposit to your account, we will send you a message. No personal account or transactional information is sent – use Personal Online Banking to get the details. The email address identified here is the email address that will receive this notification; otherwise, Customer # 1 email address will be used.

Email CD maturity notifications, if applicable, are standard with all Internet CD's, excluding 30day certificates. We will continue to generate and mail paper maturity notices to CD customers approximately 30 days prior to renewal.

For CDs Only: Please mail me monthly interest checks for the amount of the interest posted to my CD. **Checks are payable to the primary account holder and mailed to the address of record.**

ATM/VISA® Check Card Additional Information

If you checked **YES** to wanting an ATM/VISA® Check Card, please provide the following additional information for each customer who wants an ATM/VISA® Check Card. If any of the applicants are a current Presidential ATM/VISA® Check Card Holder, we will add the new account to your existing ATM/VISA® Check Card.

Would like a VISA® Check Card

Would Like an ATM Card

	Customer 1		Customer 2		Customer 3		Customer 4	
Customer Name								
Would like a Card?	Yes	No	Yes	No	Yes	No	Yes	No
Are you a current cardholder?	Yes	No	Yes	No	Yes	No	Yes	No
If you are a current cardholder, please provide name and card number as shown on card (required information). This account will be linked to your existing card unless a separate card is requested.								
Name on Card:								
Card Number:								

Comments

Customer Due Diligence

All fields must be completed

Foreign Wire Activity:

Will you receive or send wire funds from or to countries outside the United States? Yes No

a. If yes; list countries below:

- i. _____
- ii. _____

b. If yes, provide purpose amount and frequency of foreign wires? _____

Will you conduct monthly cash transactions in excess of \$3,000?

Yes No

If yes, please describe source of cash \$ range: _____