

New Account Application



Select your account(s):

- Premier Savings
 - Money Market Account (\$200 initial deposit required)
 - Jumbo Money Market (\$100,000 initial deposit required)
 - Free Checking Account
 - Certificate of Deposit (\$8,000 initial deposit required)
 - Interest Checking Account
- Select monthly term: 1 3 6 12 24 36 60

Complete the following:

Account Holder Name		Date of Birth	Social Security Number
Street Address (No P.O. Boxes)		Driver's License/State ID No.	State of Issuance
City		Home Phone Number	Mother's Maiden Name
State	Zip	City of Birth	Email Address

Joint Account Holder Name		Date of Birth	Social Security Number
Street Address (No P.O. Boxes)		Driver's License/State ID No.	State of Issuance
City		Home Phone Number	Mother's Maiden Name
State	Zip	City of Birth	Email Address

Sign below:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you.

Consent Agreement: By signing below, I appoint Waterfield Financial Services (WFS) as my Agent for the limited purpose of directing the funds from the account(s) I open through the Banking Center into an account at any of the FDIC Insured Participating Banks and subject to the Terms & Conditions governing the account(s). I authorize and direct Waterfield Bank (WB) and any other Participating Banks to act in accordance with instructions given by WFS. I agree to accept the Terms & Conditions/Disclosures governing my account(s) and consent to receive these documents electronically at the time my account(s) is opened by the Bank in accordance with the Electronic Disclosure and Consent Agreement. I understand that I may request a written copy of the Terms & Conditions be mailed to the address I have provided in my application. In connection with this application, I authorize WB to obtain my credit and employment history. **IRS W-9 Certification:** Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification (or I am waiting for a number to be issued to me), and (2) 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, and (3) I am a US person (including a US resident alien). **Certification Instructions:** You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

 X
Your Signature (exactly as it is printed above)

Date

 X
Joint Account Holder Signature (if applicable)

Date

Mail this application to: Deposit Operations, P.O. Box 19503, Irvine, CA 92623-9928
For your initial deposit, include a check payable to yourself.

To apply online, visit www.afavbabankingcenter.com
To apply by phone, call 1-800-229-9505

