

APPLICATION FOR PERSONAL ACCOUNT

Account Number	Date Opened	
Account Type <input type="checkbox"/> Checking: <input type="checkbox"/> Savings: <input type="checkbox"/> Money Market: <input type="checkbox"/> Other: <input type="checkbox"/> Time Certificate of Deposit <input type="checkbox"/> IRA (Contribution Type: _____) • Contract Amount : \$ • Term: • Maturity Date: • Interest Rate (%): • APY (%): <input type="checkbox"/> Club Savings • Contract Amount : \$ • Term: • Maturity Date: • Interest Rate (%): • APY (%): <input type="checkbox"/> <i>Check if monthly deposit will be made by auto-transfer from Shinhan Bank America account. (Account No. _____)</i> <small>Funds will be automatically transferred only to the extent the funds are available (as more fully described in the bank's funds availability schedule disclosure in the automatic transfer account. This authorization will remain in full force and effect until bank receives customer's written notice of revocation or until either debiting or crediting account is closed.</small>		
Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other :		
Signers Information	Signer 1	Signer 2
Name		
Social Security No.		
Home Address		
Mailing Address (If different than above)		
Home Phone		
Business/Cell Phone		
Date of Birth		
Primary ID		
Type/Issuer	/	/
Number		
Issue Date/ Expiration Date	/	/
Secondary ID		
Occupation / Employer Name		
Mother's Maiden Name		
Citizenship		
Bank Use Only		
Chex System		
Politically Exposed Person (PEP?)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)
ATM/Debit Card No.		
• Opening Amount: \$ • Source: <input type="checkbox"/> Cash: \$ <input type="checkbox"/> Checks: \$ <input type="checkbox"/> Other: \$ • Referred by:		

Application for Personal Account

Account Number																			
<ul style="list-style-type: none"> ● Account Purpose <input type="checkbox"/> General <input type="checkbox"/> Other (Specify: _____) ● Source of Income: <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Other (specify: _____) ● Comments (if any) 																			
<p><i>For Checking and Savings Account Only</i></p> <ul style="list-style-type: none"> ● Expected Monthly Average Balance : \$ _____ ● Expected Number of Checks Issued per Month: _____ ● What type of account activity does the customer anticipate per month? (<i>Check all that apply</i>) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Cash Deposits</td> <td style="width: 30%;">Frequency (_____)</td> <td style="width: 30%;">Estimated Total Amount. (\$ _____)</td> </tr> <tr> <td><input type="checkbox"/> Cash Withdrawals</td> <td>Frequency (_____)</td> <td>Estimated Total Amount. (\$ _____)</td> </tr> <tr> <td><input type="checkbox"/> ACH Credits</td> <td>Frequency (_____)</td> <td>Estimated Total Amount. (\$ _____)</td> </tr> <tr> <td><input type="checkbox"/> ACH Debits</td> <td>Frequency (_____)</td> <td>Estimated Total Amount. (\$ _____)</td> </tr> <tr> <td><input type="checkbox"/> Incoming Wires</td> <td>Frequency (_____)</td> <td>Estimated Total Amount. (\$ _____)</td> </tr> <tr> <td><input type="checkbox"/> Outgoing Wires</td> <td>Frequency (_____)</td> <td>Estimated Total Amount. (\$ _____)</td> </tr> </table> <p>* If expected wires from/to foreign country(ies), please indicate the name of country(ies): _____</p>		<input type="checkbox"/> Cash Deposits	Frequency (_____)	Estimated Total Amount. (\$ _____)	<input type="checkbox"/> Cash Withdrawals	Frequency (_____)	Estimated Total Amount. (\$ _____)	<input type="checkbox"/> ACH Credits	Frequency (_____)	Estimated Total Amount. (\$ _____)	<input type="checkbox"/> ACH Debits	Frequency (_____)	Estimated Total Amount. (\$ _____)	<input type="checkbox"/> Incoming Wires	Frequency (_____)	Estimated Total Amount. (\$ _____)	<input type="checkbox"/> Outgoing Wires	Frequency (_____)	Estimated Total Amount. (\$ _____)
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<ul style="list-style-type: none"> ● Y.E.S. Overdraft Protection? <input type="checkbox"/> Yes (Limit Amount: \$ _____) <input type="checkbox"/> No 																			

Bank Use Only			
	OFAC by	Opened by	Approved by
Name			
Initial			
Date			