

MONEY MARKET APPLICATION

1: ACCOUNT INFORMATION			
Account Title:			
Account Ownership:			
<input type="checkbox"/> Individual	<input type="checkbox"/> POD/ITF/ATF	<input type="checkbox"/> Joint	<input type="checkbox"/> Trust <i>(Formal Trust, see section 4)</i>
<input type="checkbox"/> Minor	<input type="checkbox"/> CUTMA	<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Custodian/Guardian
<input type="checkbox"/> Other: _____			
<i>Attention Authorized Account Signers: We may use a third party service to verify and obtain information regarding you and your previous banking relationships. Please refer to the Deposit Account Agreement and Disclosure for details.</i>			
2. SIGNER NUMBER ONE			
Name	Tax Identification Number		Date of Birth
Home Address	City	State	Zip Code
Mailing Address <i>(if different from above)</i>	City	State	Zip Code
Home Phone	Secondary Phone	<input type="checkbox"/> Business	<input type="checkbox"/> Cell
Mother's Maiden Name	Place of Birth <i>(city & state)</i>		
Primary Identification <i>(Driver's License or Picture ID)</i> Issued by: Issue Date:	Secondary Identification <i>(Driver's License or Picture ID)</i> Issued by: Issue Date:		
Number: Expiration Date:	Number: Expiration Date:		
Employer	Occupation, Job Title		
E-mail Address	High School Attended <i>(ID verification question)</i>		
3. SIGNER NUMBER TWO			
Name	Tax Identification Number		Date of Birth
Home Address	City	State	Zip Code
Mailing Address <i>(if different from above)</i>	City	State	Zip Code
Home Phone	Secondary Phone	<input type="checkbox"/> Business	<input type="checkbox"/> Cell
Mother's Maiden Name	Place of Birth <i>(city & state)</i>		
Primary Identification <i>(Driver's License or Picture ID)</i> Issued by: Issue Date:	Secondary Identification <i>(Driver's License or Picture ID)</i> Issued by: Issue Date:		
Number: Expiration Date:	Number: Expiration Date:		
Employer	Occupation, Job Title		
E-mail Address	High School Attended <i>(ID verification question)</i>		

MONEY MARKET APPLICATION

4: TRUST ACCOUNTS <i>(include documentation authorizing signer(s))</i>			
Trust Name		Trust TIN	
Trust Settlers		Revocable Trust Revokers <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. POD/ITF/ATF - BENEFICIARY INFORMATION			
Beneficiary One		Tax Identification Number	Date of Birth
Home Address		City	State Zip Code
Home Phone		Relationship	
Beneficiary Two		Tax Identification Number	Date of Birth
Home Address		City	State Zip Code
Home Phone		Relationship	
6. ADDITIONAL INFORMATION			
How did you hear about us? <input type="checkbox"/> Web site <input type="checkbox"/> Rates <input type="checkbox"/> Friend <input type="checkbox"/> Associate <input type="checkbox"/> Other			
Who was your bank prior?			
Indicate Sources of Income <input type="checkbox"/> Payroll <input type="checkbox"/> Investment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Inheritance/Gift <input type="checkbox"/> Retirement <input type="checkbox"/> Other			
How will funds be deposited to the account? <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Courier/Delivery Service <input type="checkbox"/> U.S. Mail <input type="checkbox"/> In person by accountholder			
<i>In order to facilitate your needs we would like to know if you will be conducting any of the following transactions. If so, please give us an estimate of the anticipated activity.</i>			
Transaction	Frequency <i>(daily, weekly, etc)</i>	Estimated Dollar Amount	
Incoming Wire Transfer - Domestic			
Incoming Wire Transfer - Foreign			
Outgoing Wire Transfer - Domestic			
Outgoing Wire Transfer - Foreign			
Cash Deposits			
Cash Withdrawals			
Is any accountholder, beneficiary, fiduciary or settler a (or related to) Senior Political Figure (diplomat, foreign government official, foreign Military official, or foreign government owned business entity)? If so, list their name, the name of the Senior Political Figure, and their relationship in the space below.			
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No. I am a citizen of _____			
7. APPLICANT SIGNATURE			
<i>By signing below, I (we) agree to the terms and conditions included in the deposit account agreement and disclosure.</i>			
Signature Number One			Date
Signature Number Two			Date
Completed applications may be mailed, e-mailed or faxed to: Union National Bank, 101 East Chicago Street, Elgin, Illinois 60120 P: 847-888-7500 F: 847-888-2662 E: customer care@unbelgin.com			

BANK USE ONLY:

Date Received: _____
Interest Rate: _____

Maturity Date: _____