



3001 SW WANAMAKER ROAD, TOPEKA, KS 66614
 2620 SW 6TH STREET, STE. A, TOPEKA, KS 66606
 Phone (785) 271-1800
 Fax (785) 271-2111

PERSONAL ACCOUNT INFORMATION FORM

**NOTICE: ACCOUNT WILL NOT BE ACTIVATED NOR WILL CHECKS BE ORDERED UNTIL ALL INFORMATION HAS BEEN VERIFIED.
 TWO FORMS OF IDENTIFICATION REQUIRED.**

Type of Account (please check one)

Checking ____
 Savings ____
 Certificate of Deposit ____
 Safe Deposit Box ____

Type of Ownership (please check one)

Individual ____
 Joint with Survivorship (Joint Tenancy) ____
 Joint No Survivorship ____
 Payable on Death ____

Please Initial: ____Yes ____ No I request issuance of a debit card in connection with this account.
Please Initial: ____Yes ____ No I request access to Alliance Bank's On-line Banking Application.

Applicant Information

CIF Number:

Full Legal Name							
Street Address				Time at Address	Years:	Mos:	
City, State, Zip							
Mailing Address (if different)							
Home Phone		Cellular Phone		E-Mail Address			
Social Security #		Date of Birth		Country of Citizenship			
Driver's License	State	Number		Issue Date		Expires	
Previous Address (if at current for less than 2 years)				Time at Address	Years:	Mos:	
City, State, Zip							
Have you lived in Kansas the past 5 years?				If no, previous City and State			
Current Employer				How Long	Years:	Mos:	
Employer Address, City, State, Zip							
Work Phone		Position/Title		Supervisor			
Previous Employer (if at current employment for less than 2 years)				How Long	Years:	Mos:	
Current Bank or Financial Institution							
City		State		Zip			
Mother's Maiden Name							
List Joint Account Holders							

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE. To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record information which identifies each person who opens an account. When an account is opened by a new customer, we will request name, address, date of birth and other information which will allow us to identify such customer. We may also require presentation of a driver's license, passport or other identifying documents.

TO OPEN A NEW DEPOSIT ACCOUNT: you must provide a taxpayer identification, social security or other identifying number at least one of the identification documents listed below and a 2nd form of identification. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements:
 1. Current Kansas or other State Driver's License
 2. Current State-issued ID with photograph
 3. Current U.S. or other passport
 4. Current United States Military ID with photograph
 5. Permanent Resident Card, also referred to as "Green Card"

CERTIFICATIONS. Each of the undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application at any time. I authorize Alliance Bank to make any necessary inquiries on my personal, employment, credit and account history. Untrue statements or misrepresentations may result in the termination of this account.

Applicant Signature X	Date
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