



Allied First Bank
 P.O. Box 3272
 Naperville, IL 60566-7272
 (800)272-3286 (630)778-7700

NEW RELATIONSHIP APPLICATION

Money Market Account

To fill out this application, click on the field to enter your data, print the application, sign it, and mail it to us at the address to the left

APPLICANT	CO-APPLICANT
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Name _____ Home Address _____ City _____ State _____ Zip _____ *Previous Address _____ City _____ State _____ Zip _____ Home Phone # _____ Work/Cell Phone # _____ Driver's License # _____ Date of Birth _____ Social Security # _____ Mother's Maiden Name _____	Name _____ Home Address _____ City _____ State _____ Zip _____ *Previous Address _____ City _____ State _____ Zip _____ Home Phone # _____ Work/Cell Phone # _____ Driver's License # _____ Date of Birth _____ Social Security # _____ Mother's Maiden Name _____
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ADDITIONAL INFORMATION (For Security Purposes Only)

Email Address _____ Name of Employer _____ Employer Phone _____ Length of Employment _____ Employer Address _____ City _____ State _____ Zip _____ * If at current address less than two years, please list your previous address	Email Address _____ Name of Employer _____ Employer Phone _____ Length of Employment _____ Employer Address _____ City _____ State _____ Zip _____ * If at current address less than two years, please list your previous address
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MONEY \$ MARKET ACCOUNT

Please Name this Account: _____ Account Ownership: (Check one box) <input type="checkbox"/> Individual <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Joint - With Survivorship <input type="checkbox"/> Other _____	Amount of Deposit: _____ <input type="checkbox"/> Pay-On-Death Account <input type="checkbox"/> Joint - No Survivorship (as tenants in common)	For Bank Use Only
*Beneficiary: _____ * Beneficiaries may not be named on Joint - With Survivorship Accounts	Birth Date: _____	Relationship: _____
Joint Owner's Name: _____	Social Security #: _____	

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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 withholdings as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).
 Instructions: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete a W-8 BEN if you are not a U.S. Person.

I understand that this is an application for an account with Allied First Bank. Such approval process may include an inquiry into my past banking relationships and a review of my credit history. I also agree to the terms and conditions of any account for which I have applied and acknowledge receipt of the disclosures and at least one copy of this contract.

Applicant Signature: _____ _____ Date	For Bank Use Only	
Co-Applicant Signature: _____ _____ Date		