

**Important Account Opening Information:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Type of New Account:

<input type="checkbox"/> Checking (W1) #	<input type="checkbox"/> Money Market (U9) #	<input type="checkbox"/> Savings (S1) #	<input type="checkbox"/> HSA (W2) #
<b>Applicant Information</b>			
Name (Last, First, Middle)		SSN	
DOB	Home Telephone No.	Mobile No.	
Address (Street, City, State, Zip)			
Driver's Lic. No, State of Issue, Date of Issue, Expiration Date		Secondary ID (if required)	
<b>Applicant or HSA Authorized Signer Information</b>			
Name (Last, First, Middle)		SSN	
DOB	Home Telephone No.	Mobile No.	
Address (Street, City, State, Zip)			
Driver's License No., State of Issue, Date of Issue, Expiration Date		Secondary ID (if required)	

**ACCOUNT STATEMENTS**

By providing your email address below, you consent to receive communications and information from the Bank in electronic rather than paper format, including but not limited to all account statements, records, notices, and other information including any changes, additions, or deletions to the terms of your Deposit Account Agreement. This consent to receive electronic communications is valid only for the account(s) you are applying for at this time. You also agree to provide us with any changes in your contact information. You may view your account information at any time by visiting: [www.bankatfirst.com](http://www.bankatfirst.com). I understand that in order to begin receiving electronic statements, it is my responsibility to enroll for Online Banking at [www.bankatfirst.com](http://www.bankatfirst.com) and elect to receive FREE E-Statements. If I do not enroll for Online Banking and make this election within 30 days of account opening, I understand that I will receive monthly paper statements at the current prevailing fee of \$4.00 per statement (subject to change). This applies to the W1 free checking account only. Paper statement fee will not be assessed during the 30 day Online Banking enrollment period. This fee does not apply to the W2 Health Savings Account. Before you decide whether you wish to provide your consent to receiving electronic disclosures, you should read and consider the Bank's Electronic Disclosures Consent Statement. These Disclosures are available and must be accepted to enroll in Online Banking. The Disclosures contain important information on how to obtain electronic disclosures, cancel consent to receive electronic disclosures, and system and equipment requirements.

**Applicant E-Mail Address:** \_\_\_\_\_

I choose to receive paper copies of account statements in lieu of electronic copies at the current prevailing fee of \$4.00 per statement (subject to change). This applies to the W1 free checking account only. This fee does not apply to the W2 Health Savings Account.

**Online Banking Log-In Information:**

Please select a login ID between 4-25 characters. It is case-sensitive and may contain a combination of letters and numbers, but may not contain spaces. Desired Login ID: \_\_\_\_\_

For Security Purposes, please provide your mother's Maiden name: \_\_\_\_\_

**Backup Withholding Certifications (If not a "U.S. Person", certify foreign status separately.)**

- Taxpayer ID Number (TIN) – The number shown above is my correct taxpayer identification number.
- Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has not notified me that I am no longer subject to backup withholding.
- Exempt Recipients – I am an exempt recipient under the Internal Revenue Service Regulations.

**Applicant/Signer E-Mail Address:** \_\_\_\_\_

I choose to receive paper copies of account statements in lieu of electronic copies at the current prevailing fee of \$4.00 per statement (subject to change). This applies to the W1 free checking account only. This fee does not apply to the W2 Health Savings Account.

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By signing below, I certify under penalties and perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien). I acknowledge receipt of a copy of and agree to the terms of this document as well as Privacy Notice. I further agree to the Account Terms and Conditions and to each of the following disclosures: Privacy, Truth in Savings, Electronic Funds Transfers, Funds Availability Policy, and Substitute Checks and Your Rights; copies of which will be delivered to me within 7 business days of executing this document. I further certify that the information above is complete and accurate.

Signature	Date
Signature	Date

<b>Check Order—First Box of Checks is Free!</b>	<b>Debit Card</b>
<i>This application is for one (1) box (150 checks for W1 checking or 50 checks for W2 HSA) First Financial checks only. You can order additional checks by visiting <a href="http://bankatfirst.com">bankatfirst.com</a> or calling our Client Service Center at 1-877-322-8530.</i>	<i>When you open a Checking Account with First Financial, you are eligible to receive a VISA Check Card. You should receive your card and PIN within 10 days of opening your account. Refer to the Electronic Fund Transfer Disclosure for more information on your Card.</i>
<input type="checkbox"/> Check if you do not wish to receive checks	

<b>For Bank Use Only:</b>	Employer Number: _____	Sales Center Location Cost Center: _____
	First position Officer Code: _____	Second position officer code: _____ Third position officer code: _____