



U.S. Bank Consumer Deposit Application

Choose One: Individual Account Joint Account (with whom) _____

APPLICANT

First Name _____ Middle Initial _____ Last Name _____ Date of Birth (MM/DD/YYYY) _____ Mother's Maiden Name _____

Mailing Address _____ City _____ State _____ Zip _____ # Years at Present Address _____

Physical Address (if different than Mailing) _____ City _____ State _____ Zip _____ # Years at Present Address _____

Home Phone _____ Mobile Phone _____ Email Address _____

Type of Government-issued ID _____ ID Number _____ State/Country of Issue _____ Issue Date _____ Exp. Date _____ (SS Number (MO Only) _____)

Country of Permanent Residence _____ Country of Citizenship _____ Other Countries of Citizenship _____ Other Countries of Residence _____

Social Security Number _____ ITIN _____ None _____

What is the primary purpose of your accounts with U.S. Bank? Select all that apply:

- College Savings Investment Checking - Monthly Expenses Savings
- Purchase / Refinance of Home Purchase of Vehicle Credit Card Purchases Purchase of Other Recreational Vehicle
- Other (please define) _____

Event Location/Segment Code: _____

CURRENT BANKING RELATIONSHIPS

Tell me about your Current Banking Relationships

What are you looking for in a bank? Select all that apply.

- Accessibility Advice ATMs Branch Location Convenience Customer Service
- Earn Money Fees Hours Mobile Online Banking Relationships
- Reputation Rewards Not Disclosed None

What accounts do you have at other financial institutions? None Not Disclosed

Deposit Products	Institution	Balance	Rate	Maturity Date	Comments
		\$	%		
		\$	%		

Loan Products	Institution	Balance	Rate	Maturity Date	Comments
		\$	%		
		\$	%		

Credit Cards	Institution	Balance	Rate	Comments / Rewards Information
		\$	%	
		\$	%	

Investments / Insurance	Institution	Balance	Rate	Maturity Date	Comments
		\$	%		
		\$	%		

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BANKING PREFERENCES

How do you like to manage your finances and accounts?

How do you make deposits? Select all that apply. You must select at least one.

- Direct Deposit
 Check
 ACH Transfer
 Remote Deposit
 Internet Banking
 Wire Transfer
 Night Drop
 Cash ATM
 Third Party Service
 Int'l Money Transfer
 Not Disclosed

How do you save money? Select all that apply. You must select at least one.

- Checking Account
 IRA
 Home Equity
 Money Market Fund
 Certificate of Deposit
 Not Disclosed
 Savings Account
 529a Account
 Investments
 Cash
 401k
 Currently Not Saving

How do you pay bills? Select all that apply. You must select at least one.

- Credit Card
 Check
 Online Bill Pay
 Wire Transfer
 ACH
 Cashier's Check
 Prepaid Card
 Apple Pay
 Debit Card
 Cash
 Pay Pal
 Automatic Withdrawal
 Money Order
 Not Disclosed

How do you make purchases? Select all that apply. You must select at least one.

- Credit Card
 Check
 Online Bill Pay
 Wire Transfer
 ACH
 Cashier's Check
 Apple Pay
 Debit Card
 Cash
 Pay Pal
 Automatic Withdrawal
 Money Order
 Not Disclosed

Banking Activity

Across your entire portfolio of personal products with U.S. Bank, what is your estimated total dollar amount of incoming and outgoing cash and cash equivalent transactions (includes Cash, Cashier's Checks, Personal Money Orders, and Traveler's Checks) on a monthly basis?

- \$0
 N/A (non-cash account)
 \$1 to \$500
 \$501 to \$5,000
 Greater than \$5,000

Across your entire portfolio of personal products with U.S. Bank, what is your estimated total dollar amount of incoming and outgoing international wire transfers, international ACH, and international external transfers on a monthly basis?

- \$0
 N/A (non-cash account)
 \$1 to \$5,000
 \$5,001 to \$15,000
 \$15,001 to \$25,000
 Greater than \$25,000

ABOUT YOU

Employment

Primary Employment Status

- Full-Time Employment
 Part-Time Employment
 Unemployed
 Retired
 Student
 Homemaker
 Self Employed
 Military

Secondary Employment Status

- Full-Time Employment
 Part-Time Employment
 Unemployed
 Retired
 Student
 Homemaker
 Self Employed
 Military

Employer Name (If Applicable) _____

Employer Name (If Applicable) _____

When did you start working for this employer? _____

When did you start working for this employer? _____

Occupation _____

Occupation _____

If retired / unemployed, what was your previous occupation? _____

If retired / unemployed, what was your previous occupation? _____

Income

What are all your sources of income? Select all that apply.

- Business Ownership / Sole Proprietorship
 Employment Income
 Sale of Property
 Investments
 Inheritance
 Government Subsidy
 Social Security
 Trust Fund Distribution
 Pension / Retirement Income
 Rental Income
 None
 Other (please define) _____

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What is your total estimated annual income from all sources? \$ _____

Housing

Do you own or rent your home? Own Rent Live with Relatives Other

Homeowners please complete the following:

What is the estimated value of your current home? \$ _____ What is your current mortgage interest rate? _____ %

What is the remaining balance on your mortgage? \$ _____ What is the date of your last home valuation? _____

What is the monthly payment on your mortgage? \$ _____ What is the source of your last home valuation? _____

Family

How many children do you have? _____

What are your children's ages? 0 to 2 3 to 5 6 to 11 12 to 17 18 to 21 Over 21 N/A

Who are your family members?

Family Member's Name	Relationship
_____	_____
_____	_____
_____	_____

Centers of Influence

Who are your Centers of Influence? (doctor, lawyer, accountant, etc.)

Name	Relationship
_____	_____
_____	_____
_____	_____

FINANCIAL NEEDS

What financial needs do you have that we can assist with? Select all that apply.

FINANCIAL NEED	IMPORTANCE	WHEN?	COMMENTS
<input type="checkbox"/> Caring for Aging Parents	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Changing Jobs	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Consolidating Debt	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Dependent Child Care	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Education	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Expecting Inheritance	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Expecting a Child	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Getting Married	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Home Improvement	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Income Decreasing	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Income Increasing	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Moving	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____

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FINANCIAL NEED	IMPORTANCE	WHEN?	COMMENTS
<input type="checkbox"/> Other Major Expenses	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Other Major Purchases	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Purchasing a Boat	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Purchasing a Car	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Purchasing a Primary Home	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Purchasing an RV	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Purchasing a Second Home	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Purchasing Other Property	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Retiring	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Saving for Education	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Saving for Retirement	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Selling a Business	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Starting a Business	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Vacation	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____
<input type="checkbox"/> None			
<input type="checkbox"/> Not Disclosed			

REQUIRED BY LAW

Are you, or do you have a relationship with, a Senior Political Figure? Yes No

If the answer is Yes, please complete the following questions:

What is your relationship to the Senior Political Figure?

Self Spouse / Partner Parent In-law Child Sibling Close Associate

Name of Senior Political Figure (if other than self) _____

What is the Senior Political Figure's country of citizenship? _____

Full Official Title of Senior Political Figure _____

In what country does the Senior Political Figure hold this position? _____

On what date did the Senior Political Figure begin the position? _____

What is the status of the Senior Political Figure? Currently in Position Retired (date) _____

What is your source of wealth? Select all that apply.

Employment Income Business Ownership Inheritance Investments Rental Income
 Pension/Retirement Income Assets from a Divorce Lottery Winnings Real Estate Sales All Other

Describe in detail your source of wealth: _____

What is your current net worth? \$ _____

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ACCOUNT FUNDING #1

Initial Deposit Type: *Select all that apply.*

- Over \$100 Cash \$100 or less in Cash U.S. Bank Check Payroll Check
 Cashier's Check Personal Money Order Direct Deposit Transfer from U.S. Bank Account
 Other (please define) _____

Initial Deposit Amount \$ _____

ACCOUNT FUNDING #2

Initial Deposit Type: *Select all that apply.*

- Over \$100 Cash \$100 or less in Cash U.S. Bank Check Payroll Check
 Cashier's Check Personal Money Order Direct Deposit Transfer from U.S. Bank Account
 Other (please define) _____

Initial Deposit Amount \$ _____

QUESTIONS FOR WEALTH / PCG CUSTOMERS ONLY

How was the CIP Notification provided? In writing Verbally

What date was the CIP Notification provided? _____

Does the customer currently have (or are they bringing) greater than \$1 million in assets (excluding credit products / liabilities with U.S. Bank)? Yes (answer questions a - d below) No

a. Does the customer have a relationship manager or relationship management team? Yes No

b. What is your source of wealth? *Select all that apply.*

- Employment Income Investments Assets from a Divorce Business Ownership Rental Income
 Lottery Winnings Inheritance Pension/Retirement Income Real Estate Sales All Other

c. Please describe your source of wealth in detail: _____

d. What is the total value of your assets? \$ _____

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Important Procedures For Opening A New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant(s) Statement: By submitting this application, I understand and agree that you may obtain additional consumer and credit information about me, including requesting information from a consumer reporting agency and verifying my employment history.

Certification (not applicable to international students completing Form W-8BEN): Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am a U.S. citizen or other U.S. person, and 3) I am not subject to backup withholding because: I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and 4) I am exempt from FATCA reporting.

Certification Instructions: You must cross out item 3 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. For real estate transactions, item 3 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The bank is hereby authorized to recognize the signature(s) subscribed below in the payment of funds or the transaction of any business for this account. All transactions shall be governed by applicable laws and the bank's terms (copy acknowledged as received herewith) that pertain to the type of account and style of ownership indicated on this card. Upon the request of the bank, any consumer reporting agency is hereby instructed to furnish a consumer report relating to the undersigned to the bank. Refer to resolution file for authorization of signatures where authorization is required. By signing this signature card, you are also acknowledging your express consent to the terms and conditions in your applicable account agreement, including but not limited to our policies on funds availability and our cellular phone contact policy.

Minnesota Customers ONLY

State of Minnesota Confirmation: The applicant/applicants confirm(s) that he/she has not been convicted of a criminal offense involving the use of a check or similar item within 24 months immediately preceding the application for this account.

I hereby acknowledge all information given is accurate to the best of my knowledge.

Signature _____

Date _____

ATM AND DEBIT CARD OVERDRAFT COVERAGE

Would you like to choose ATM and Debit Card Overdraft Coverage for your account? Yes No

Initial below to acknowledge that you received written information about your choice to say Yes or No to ATM and Debit Card Overdraft Coverage.

Applicant initials _____

DEBIT CARD OPTION

Would you like a debit card? Yes No

For eligible colleges and universities:

Would you like a Campus Bank card? Yes No
(Your Student ID and ATM/Debit Card in one)

Would you like a Maxx card? Yes No
(Your Student ID and Debit Card in one)

IMPORTANT: You must have a U.S. Bank checking account to receive a debit card. Only your primary checking account can be accessed for purchases at retail locations.

Expanded Account Access: By submitting this application, I request that (a) any card or PIN issued or selected by me under this application will access multiple checking, savings, line of credit and credit card account(s) in my name at U.S. Bank or any of its bank affiliates; (b) any account opened under this application may be accessed by any card(s) or PIN(s) that I have selected or that has been issued to me in the future be selected by me or issued to me by U.S. Bank or any of its bank affiliates. "Access" means use of a card or account number and PIN to conduct a transaction or obtain information at ATMs or via telephone, personal computer banking, or any other available method. There are no additional fees or charges for expanded account access. The fees and terms disclosed for each account apply. I understand that at U.S. Bank ATMs this expanded account access may be available for up to five checking, five savings, and five line of credit or credit card accounts, and that other methods of access, other limitations may apply.

Checks

Would you like to order checks? Yes No

For Bank Use Only

Account Number(s) _____

Application taken by (Preferred ID): _____