



GUNNISON SAVINGS AND LOAN

• 303 N. Main Street • Gunnison, Co 81230 •

• Administration/Savings Dept. (970) 641-2171 • (970) 641-9574 Fax •

Personal Checklist

Please completely fill out this packet and bring back to Gunnison Savings and Loan with the following documents to open your new account.

- Account Signer Questionnaire*
- Account Behavior Information
- Current Government-issued photo identification for each account signer.
- Social Security Card or top portion of latest tax return for each account signer.

* This packet only allows information for two persons for a Co-Owned account. If you are intending to add additional account signers or beneficiaries, please advised the teller your wishes so they may get additional packets.

ACCOUNT SIGNER QUESTIONNAIRE

ACCOUNT SIGNER 1

Name: [] New Customer [] Existing Customer
Preferred Name (if different):
Date of Birth:
Home Phone:
Cellphone:
Email:
SIGNER 1 SSN:
Mother's Maiden Name:
[] Driver's License [] State ID [] Passport [] Other:
Photo ID Number:
Date Issued:
Date Expires:

CONTACT INFORMATION PHOTO IDENTIFICATION INFORMATION

Physical Address:
City: State: ZIP Code:
Mailing Address (if different):
City: State: ZIP Code:

ADDRESS INFORMATION

Employment Status? [] Employed [] Self-Employed [] Student [] Minor [] Retired [] Disabled [] Unemployed
Employer and job title/position?
If retired/unemployed, who was your former employer and job title/position?

EMPLOYMENT INFORMATION

US citizen? [] Yes [] No
Citizenship in another country? [] Yes [] No If so, where?
Frequent traveler outside of US? [] Yes [] No If so, where?

***** If you are not a U.S. citizen, please complete the back of this form.*****

ACCOUNT SIGNER 2

Name: [] New Customer [] Existing Customer
Preferred Name (if different):
Date of Birth:
Home Phone:
Cellphone:
Email:
SIGNER 2 SSN:
Mother's Maiden Name:
[] Driver's License [] State ID [] Passport [] Other:
Photo ID Number:
Date Issued:
Date Expires:

CONTACT INFORMATION PHOTO IDENTIFICATION INFORMATION

Physical Address:
City: State: ZIP Code:
Mailing Address (if different):
City: State: ZIP Code:

ADDRESS INFORMATION

Employment Status? [] Employed [] Self-Employed [] Student [] Minor [] Retired [] Disabled [] Unemployed
Employer and job title/position?
If retired/unemployed, who was your former employer and job title/position?

EMPLOYMENT INFORMATION

US citizen? [] Yes [] No
Citizenship in another country? [] Yes [] No If so, where?
Frequent traveler outside of US? [] Yes [] No If so, where?

***** If you are not a U.S. citizen, please complete the back of this form.*****

OFFICE USE ONLY

What type of account? Account Number:
Reviewed By: Date: [] New Account [] Event Change

ACCOUNT SIGNER QUESTIONNAIRE

NON-U.S. CITIZEN (SIGNER 1)

If no Social Security Number, do you have a U.S. Individual Taxpayer Identification Number (ITIN)? Yes No

If yes, what is your ITIN? _____

Do you have a Green card (Permanent Resident ID card or Resident Alien Card)? Yes No
If yes, what is your USCIS (Alien Registration Number) Number?

Do you have a Visa? Yes No
If yes, what is your Visa Number? _____

What is your country of origin (home country or country of citizenship)?

NON-U.S. CITIZEN (SIGNER 2)

If no Social Security Number, do you have a U.S. Individual Taxpayer Identification Number (ITIN)? Yes No

If yes, what is your ITIN? _____

Do you have a Green card (Permanent Resident ID card or Resident Alien Card)? Yes No
If yes, what is your USCIS (Alien Registration Number) Number?

Do you have a Visa? Yes No
If yes, what is your Visa Number? _____

What is your country of origin (home country or country of citizenship)?

ACCOUNT BEHAVIOR INFORMATION

Will you regularly deposit or write checks? Yes No

Will you regularly deposit or withdraw CASH? Yes No

Estimated monthly CASH deposits? (Enter Dollar Amount) \$ _____

Estimated monthly CASH withdrawals? (Enter Dollar Amount) \$ _____

Will you regularly send or receive wires? Yes No If yes, to or from foreign countries? Yes No

Estimated monthly incoming wires? (Enter Dollar Amount) \$ _____

Estimated monthly outgoing wires? (Enter Dollar Amount) \$ _____

Will you regularly send or receive ACH's? Yes No If yes, to or from foreign countries? Yes No

Estimated monthly incoming ACH's? (Enter Dollar Amount) \$ _____

Estimated monthly outgoing ACH's? (Enter Dollar Amount) \$ _____

Will the initial deposit exceed \$5,000? Yes No If yes, please check a box that applies:

- Employment Income Bank Draft Grant/Scholarship Retirement/ Pension Income Investment Trust Gift
- Inheritance Internal Transfer Investment Income Savings Lottery/Betting/Casino Winnings Sell of Assets
- Legal Settlement/Insurance Claim Payments Other: _____

OFFICE USE ONLY

Customer Name:

What type of account?

Account Number:

Reviewed By:

Date:

ADDITIONAL INFORMATION

COMMENTS (OFFICE USE ONLY)