



3019 St Rose Parkway  
Suite 100  
Henderson, NV 89052  
702-260-4141 or 888-703-5414

**Thank you for your interest in Security Savings Bank's deposit accounts. To establish your account, please do the following:**

1. Complete the information in the New Account Application below.
2. The USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **If this is your first account with our bank, a current photocopy of each signer's valid Driver's License, State Identification card, or US Passport will be required prior to opening your account(s) and conducting transactions.** Therefore, please include a copy of your ID (include all pages or front and back) when you mail us your application. Additionally, we will need you to enclose a Second Form of identification such as a copy of your voter's registration card, Medicaid/ medicare card, birth certificate, passport, or other form of acceptable ID.
3. Make your check for the initial deposit payable to Security Savings Bank in the amount desired, but not less than the minimum amount required to open your account.
4. Have all signature notarized.
5. Send everything above to:

Security Savings Bank  
3019 St Rose Parkway  
Suite 100  
Henderson, NV 89052

Attention: New Accounts

By submitting this application, you hereby authorize Security Savings Bank to verify your identity and identity of all signers.

Your account will be opened within 3 business days of receiving your completed application and funds. You will receive a confirmation of your account within 7-10 business days.

Should you have any questions, please don't hesitate to call us at 702-260-4141 or 888-703-5414.

Thank you for your business.





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**NEW ACCOUNT APPLICATION**

**OWNERSHIP OF ACCOUNT**

Not all forms of ownership may be allowed in your state.

**Ownership Type: Individual    Account Type: Savings**

Revocable Trust

Trust Name: \_\_\_\_\_

Date of Trust: \_\_\_\_\_

Pay-on-Death Beneficiary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**INDIVIDUAL APPLICANT INFORMATION**

Name (Last, First, Middle)		Social Security No.	
Birth Date / /	Telephone No. ( )	Mother Maiden Name	
Address(No PO Box)			
Mailing Address( Street, City, State & Zip)			
Employer	Employer's Telephone No. ( )	Position/Title	
Name and Address of Nearest Relative Not Living With You	Relationship	Telephone No. ( )	

**JOINT APPLICANTS INFORMATION**

Name (Last, First, Middle)		Social Security No.	
Birth Date / /	Telephone No. ( )	Mothers Maiden Name	
Address(Street, City, State & Zip)			
Employer	Employer's Telephone No. ( )	Position/Title	





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**BACKUP WITHHOLDING INFORMATION**

**Certification under penalties of perjury:** I/we certify that 1) the numbers shown on this form are my/our valid taxpayer identification number(s); 2) I/we are not subject to backup withholdings or 3) this account is exempt from backup withholding requirements based on Internal Revenue Service exemption guidelines. 4) I/we are U.S. person(s) or a U.S. resident alien. **NOTE:** Each individual signing on the account, as a member or joint owner must provide EFFCU with his or her own social security or tax identification number. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*  
 I/we are not a U.S. person(s) or a U.S. resident alien(s); a separate W-8BEN has been completed

**OTHER TERMS, EXPLANATIONS, OTHER SERVICES, ETC.**  
 By signing below, I/we acknowledge receipt of the separate Security Savings Bank disclosures and agree to be bound by all of the terms and conditions of the disclosures and this application, and any amendments thereto, or to those contained in any membership agreement and disclosure provided to me/us at any time, which conditions contained therein are fully incorporated herein. I/we certify that the information on this application is true and correct. I/we understand that this account is established subject to the laws of the State of Nevada. Security Savings Bank is authorized to make whatever inquiries it deems necessary of others concerning the foregoing information and to provide information arising out of my/our transactions with Security Savings Bank to consumer reporting agencies.

**SIGNATURES**

\_\_\_\_\_  
 Applicant's Signature                      Date                      Joint Applicant's Signature                      Date

**NOTARY PUBLIC**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_, by \_\_\_\_\_ who is/are  
 personally known to me or who has/have produced the following identification  
 \_\_\_\_\_ and who did (did not) take an oath.

Notary Public \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_

**FOR INSTITUTION USE ONLY**

Date Received: \_\_\_\_\_ Account No. \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Declined By: \_\_\_\_\_  
 Initial Deposit \$: \_\_\_\_\_  Check  Cash  
 Chex Systems: \_\_\_\_\_ OFAC: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_



