



**NEW ACCOUNT APPLICATION**

Office Use Only Acct Nbr \_\_\_\_\_

*\*Savings Accounts and Checking Account are only available to Maryland Residents.*

**PRODUCTS:**

**Certificate Accounts**

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <b>Short Term</b>                    | <b>Long Term</b>                  |
| <input type="checkbox"/> 3-Month     | <input type="checkbox"/> 24-Month |
| <input type="checkbox"/> 6-Month     | <input type="checkbox"/> 30-Month |
| <input type="checkbox"/> 12-Month    | <input type="checkbox"/> 36-Month |
| <input type="checkbox"/> 18-Month    | <input type="checkbox"/> 48-Month |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 60-Month |

**\*Savings Accounts**

- Money Market Savings
- Kids Club Money Market
- Holiday Club
- Vacation Club
- Retirement Money Market

**\*Checking Accounts**

- Classic Checking
- Club 50 Checking
- Zero-Balance Checking
- Business Checking

- Interest for certificate: *(check one)*
- Post to account (compound)
  - Transfer to  SV or  CK  
*(Fill out transfer information → )*

**Transfer Information:**

Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

**OWNERSHIP:**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual            | <input type="checkbox"/> Retirement            |
| <input type="checkbox"/> Joint                 | <input type="checkbox"/> Corporation           |
| <input type="checkbox"/> Trustee (beneficiary) | <input type="checkbox"/> Financial Institution |
| <input type="checkbox"/> MDUTMA                | <input type="checkbox"/> Unincorporated Assoc. |
| <input type="checkbox"/> Partnership           | <input type="checkbox"/> Fiduciary             |
| <input type="checkbox"/> Other _____           |  |

**OPENING AMOUNT: \$** \_\_\_\_\_

- Check
- Cash
- Wire from \_\_\_\_\_ (Bank Name)
- Transfer from \_\_\_\_\_ (ESB Acct. #)

**RETIREMENT INFORMATION:** *(Retirement and Regulated Plan accounts only)*

**Type of Plan**

- Traditional IRA
- Roth IRA
- Coverdell ESA

**Type of Deposit**

- Regular – Year \_\_\_\_\_
- Rollover
- Trustee Transfer
- Internal Transfer from account \_\_\_\_\_

**Required Distribution Age 70½ and Over**

- Check here to request form to schedule a distribution.

**CUSTOMER INFORMATION:** In accordance with the USA Patriot Act that was signed into law on October 26, 2001, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask you 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 information.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security Nbr. or EIN: \_\_\_\_\_  
Driver's License State & No. \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Primary Owner How did you hear about us?  Internet  Local paper  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Social Security Nbr. \_\_\_\_\_  
Driver's License State & No. \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Joint Owner  Beneficiary POD  Custodian  Other \_\_\_\_\_  
**Retirement Accounts Only:**  Primary or  Contingent Beneficiary Relationship to owner: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Social Security Nbr. \_\_\_\_\_  
Driver's License State & No. \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Joint Owner  Beneficiary POD  Custodian  Successor Cust  Other \_\_\_\_\_  
**Retirement Accounts Only:**  Primary or  Contingent Beneficiary Relationship to owner: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Social Security Nbr. \_\_\_\_\_  
Driver's License State & No. \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Joint Owner  Beneficiary POD  Custodian  Successor Cust  Other \_\_\_\_\_  
**Retirement Accounts Only:**  Primary or  Contingent Beneficiary Relationship to owner: \_\_\_\_\_

Continued on the back

**Customer's Signature X** \_\_\_\_\_

**Attention Certificate Applicants:** The annual percentage yield on the \_\_\_\_\_ certificate of deposit on \_\_\_\_\_ is \_\_\_\_\_ Rates are subject to change at any time and are not guaranteed until the day the funds are received by Eastern Savings Bank. Please indicate the best way to reach you should the rate decrease while your funds are in transit. In the event of a rate decrease and we are unable to reach you within 24 hours, we will return your funds to you.

cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_ other: \_\_\_\_\_

Mail to the address above or fax the completed form to 410-568-4620. For accounts opened through the mail, please send a copy of each owner's drivers license with your completed application.

