



NEW ACCOUNT APPLICATION

Office Use Only Acct Nbr _____

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

PRODUCTS:

Certificate Accounts

- | | |
|--------------------------------------|-----------------------------------|
| Short Term | Long Term |
| <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: _____

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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.

