



New Account Form (Consumer)

****Please include a copy of each account-holder's current Driver's License along with this sheet.****
(If you are opening a Trust Account, a Certificate or Memorandum of Trust with only the page(s) naming the Trustee & Successor Trustee is required)

ACCOUNT HOLDER INFORMATION

Primary Account Owner: _____

SSN: _____ DOB: _____

Physical Address: _____

Mailing Address, if different: _____

Driver's License #: _____ State: _____ Expiration date: _____

Best Contact No: _____ () Cell () Home () Work

Email Address: _____

Employer: _____ Occupation: _____

IF RETIRED OR UNEMPLOYED, PLEASE LIST PRIOR PROFESSION, I.E, RETIRED FIREFIGHTER

Joint Account Owner Name: _____

SSN: _____ DOB: _____

Physical Address: _____

Mailing Address, if different: _____

Driver's License #: _____ State: _____ Expiration date: _____

Best Contact No: _____ () Cell () Home () Work

Email Address: _____

Employer: _____ Occupation: _____

**Beneficiaries: (AT A MINIMUM, DATE OF BIRTH AND RELATIONSHIP REQUIRED FOR ALL BENEFICIARIES)
LIMIT FIVE (5) BENEFICIARIES**

Name: _____

SSN: _____ DOB: _____ Relationship: _____

Name: _____

SSN: _____ DOB: _____ Relationship: _____

Name: _____

SSN: _____ DOB: _____ Relationship: _____

Name: _____

SSN: _____ DOB: _____ Relationship: _____

Name: _____

SSN: _____ DOB: _____ Relationship: _____

TYPE OF PRODUCT

Which type of account do you wish to open:

Money Market Jumbo Money Market Certificate of Deposit (CD) Jumbo CD

If opening CD, select term

12 Months 18 Months 24 Months 36 Months

Opening Deposit: \$ _____

How will you fund the account: Wire Check ACH

NOTE FOR ALL CD ACCOUNTS: Interest is NOT COMPOUNDED—Interest will be added back to the Certificate of Deposit at maturity or paid monthly via ACH.

(Please choose option)

Add Back At Maturity Via Monthly ACH (*complete bank information below*)

Name on Account: _____

Name of Financial Institution: _____

Routing#: _____

Account#: _____

Account type: Checking____ Savings____

PLEASE NOTE: THIS ACCOUNT IS NOT CONSIDERED “OPENED” UNTIL ALL DOCUMENTS HAVE BEEN COMPLETED IN THEIR ENTIRETY, SIGNED AND RETURNED BY ONE OF THE METHODS INDICATED BELOW AND FUNDS HAVE BEEN RECEIVED. INTEREST BEGINS TO ACCRUE NO LATER THAN THE BUSINESS DAY WE RECEIVE CREDIT FOR THE DEPOSIT. DEPOSITS OPENED BY CHECK MAY BE SUBJECT TO A 7-DAY HOLD.

Primary Account Holder/Date

Joint Account Holder/Date

Please fill this form out and send it back to us either scanned/mailed/faxed. Thank you!

This form can be processed in one of three ways:

- 1) E-mail: **Please send sensitive information to banker via encrypted email only.** (If not available, please choose option 2 or 3 to provide sensitive personal information securely.)
- 2) Fax: Please see fax number for each branch below and fax to the attention of “New Accounts”.
- 3) Mail: Please mail to corresponding branch address below to the attention of “New Accounts”.

Dallas:	Irving:	Richardson:	Garland:
State Bank of Texas	State Bank of Texas	State Bank of Texas	State Bank of Texas
Dallas Branch	Irving Branch	Richardson Branch	Garland Branch
11950 Webb Chapel Rd	605 W Airport Fwy	500 W. Beltline Rd	517 W I-30 Frontage Rd
Dallas, TX 75234	Irving, TX 75062	Richardson, TX 75080	Garland, TX 75043
Ph.972.252.6000	Ph.972.594.0929	Ph.972.238.1100	Ph.972.303.6100
Fax.972.252.6014	Fax.972.257.6654	Fax.972.238.1211	Fax.972.303.6110

Devon:
State Bank of Texas
Devon Branch
2615 W. Devon Ave
Chicago, IL 60659
Ph.773.649.0240
Fax.773.649.0235