

Lone Star Bank, S.S.B.
Consumer Account Application

Date _____

Account # _____ New _____ Maint _____

Applicant _____ DOB _____

SSN or Tax ID _____ Driver's License # _____

Physical Address _____

Mailing Address _____

Home Phone # _____ Mobile Phone # _____

Employed by _____ Position _____ Phone # _____

E-mail Address _____

Joint Applicant _____ DOB _____

SSN or Tax ID _____ Driver's License # _____

Physical Address _____

Mailing Address _____

Home Phone # _____ Mobile Phone # _____

Employed by _____ Position _____ Phone # _____

E-mail Address _____

If required, see second page for additional applicant sections

Additional Information

****COPY OF VALID PHOTO ID AND SOCIAL SECURITY CARD REQUIRED****

Please answer the following questions yes or no:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Will cash transactions of \$3000 or more be done: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will wire transfer services be used: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will transactions in monetary instruments be done (cashier's checks): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Will there be significant use of electronic banking or e-cash: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

