



## **Consumer Account Application (Signature Card)**

### **Mailing Instructions:**

1. Print out this document. Complete the information on the Consumer Account Application.
2. Sign and date the form where indicated. (Opening more than one account? Please complete and return the designated Signature Card for each account and return them in one envelope.)
3. Mail your signed Consumer Account Application(s) to:

Wells Fargo Services  
P.O. Box 5110  
Sioux Falls, SD 57117-9939

**Please do not send deposits to this address.**

**Unable to print at this time? Call us at 1-800-956-4442 for assistance.**



# Consumer Account Application

Bank name

<b>Account(s) I Want to Open</b>	<b>Bank Use Only</b>

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask 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 documents.

<b>Customer 1 Information</b>				<b>Customer 2 Information</b>			
Full name				Full name			
Street address		How long at this address Yr Mo		Street address		How long at this address Yr Mo	
Directional Address (Document directional address for customers who do not have physical residence, business or alternate street address.)				Directional Address (Document directional address for customers who do not have physical residence, business or alternate street address.)			
City	State	Zip code	Cntry	City	State	Zip code	Cntry
Taxpayer identification number (TIN)		Home phone		Taxpayer identification number (TIN)		Home phone	
Previous street address		How long at this address Yr Mo		Previous street address		How long at this address Yr Mo	
City	State	Zip code	Cntry	City	State	Zip code	Cntry
Current employer		Business telephone number		Current employer		Business telephone number	
Primary ID	Description	Date of birth		Primary ID	Description	Date of birth	
State/Country	Issue Date	Exp. Date		State/Country	Issue Date	Exp. Date	
Secondary ID		Description		Secondary ID		Description	
State/Country	Issue Date	Exp. Date		State/Country	Issue Date	Exp. Date	

### Request for Taxpayer Identification Number and Certification (Substitute Form W-9)

Certification: Under penalties of perjury, I certify that:  
 1) The number shown on this form is my correct Taxpayer Identification Number, and  
 2) UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payments other than interest and dividends), and  
 3) I am a U.S. person (including a U.S. resident alien).  
 The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<input type="checkbox"/> I am subject to backup withholding.	<input type="checkbox"/> I am exempt from backup withholding.	TIN Certification Signature	<input type="checkbox"/> submit manually
			<input type="checkbox"/> signature not required

### Wisconsin Only

The Direct Deposit Advance® Service may be available to Wisconsin consumer checking accounts with directly deposited income.

Wisconsin Residents Only  
**Customer 1** - I am  married  unmarried  legally separated  
**Customer 2** - I am  married  unmarried  legally separated

**NOTICE TO MARRIED APPLICANTS:** No provision of any marital property agreement, unilateral statement under Sec.766.59 Wis. Stats, or a court decree under Sec.766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provisions when the obligation to the creditor is incurred.

Married Wisconsin resident applying individually (Customer 1) or married Wisconsin residents applying jointly, but not married to the other signer (Customer 1 and 2), please complete name and address of spouse on the separate Direct Deposit Advance Service - Wisconsin Marital Property Act (WMPA) Credit Notice to Spouse.

### Joint Account with Right of Survivorship (Texas Only)

The persons signing this section hereby agree with each other and the bank that this account is a joint account with right of survivorship, and that on the death of one party to a joint account, all sums in the account on the date of death vest in and belong to the surviving party as his or her separate property and estate. Each person signing this section who is married to a person who is not also signing this section represents and warrants that no funds now or hereafter deposited to the account, nor any interest earned on such funds, are subject to the management, control or disposition (jointly or otherwise) of such person's spouse.

Texas Customer 1 Signature	Texas Customer 2 Signature
<input type="checkbox"/> submit manually	<input type="checkbox"/> submit manually
<input type="checkbox"/> signature not required	<input type="checkbox"/> signature not required

### Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. I have received a copy of the applicable account agreement and privacy brochure and agree to be bound by them, including the terms of the Direct Deposit Advance® Service and Deposit Advance<sup>SM</sup> Service (Deposit Advance Service not available in all states) described in the Service Agreement and Product Guide. I also agree to the terms of the dispute resolution program described in the account agreement and Service Agreement and Product Guide. Under this program our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.

For account number(s)	Type(s)	TIN
Customer 1 Authorized signature	Date	
<input type="checkbox"/> submit manually	<input type="checkbox"/> signature not required	
Customer 2 Authorized signature	Date	
<input type="checkbox"/> submit manually	<input type="checkbox"/> signature not required	