



Internet Application for Personal Checking Account, Savings Account, or Certificate of Deposit

To open one of the above accounts at Pacific Trust Bank (based in California), first print out this form and then complete the following application. Please print or type your responses. All account applications are subject to approval. Please call us if you need an IRA or a non-personal account.

FOR A PERSONAL CHECKING ACCOUNT

What type of Checking Account do you wish to open?

- Super Checking (interest-bearing NOW account)
- High-Yield Checking (tiered rates, unlimited checks)
- Basic Checking (totally free)
- Money Market Checking (limited to 3 checks per month)

FOR A PERSONAL SAVINGS ACCOUNT

What type of Savings Account do you wish to open?

- Regular Savings
- Christmas Club (not currently available)
- Market Rate Account (Tiered MMDA account)
- Indexed Money Market Account

FOR CERTIFICATES OF DEPOSIT

What type of Certificate of Deposit do you wish to open?

- 3 month CD 12 month CD 18 month CD 36 month CD
- 6 month CD 13 month CD 21 month CD 42 month CD
- 7 month CD Flex 15 mo. CD 24 month CD 48 month CD
- 9 month CD 15 month CD 30 month CD 60 month CD
- Market Indexed Add-On 12-month CD Savings Accumulation 36-month CD
- Peace of Mind CD 36-month adjustable-rate

Will this be an individual or joint account?

- Individual Joint *Please call us if other form of ownership is desired*

Are you presently a customer of Pacific Trust Bank?

- Yes No

Will there be a beneficiary on the account?

- Yes No

ACCOUNT OWNERSHIP INFORMATION

Primary Applicant Information

Name (First /MI/ Last): _____
Social Security Number: _____
Date of Birth (Month/Day/ Year): _____
Mother's Maiden Name: _____
Primary Applicant Home Address:
Street: _____
City/Town: _____
State: _____
Zip Code: _____
Mailing Address (if different): _____
Home Telephone: _____
Work Telephone: _____
E-Mail Address: _____
Occupation: _____

Joint Applicant Information (Complete only if joint account)

Name (First /MI/ Last): _____
Social Security Number: _____
Date of Birth (Month/Day/Year): _____
Mother's Maiden Name: _____
Joint Applicant Home Address:
Street: _____
City/Town: _____
State: _____
Zip Code: _____
Mailing Address (if different): _____
Home Telephone: _____
Work Telephone: _____
E-Mail Address: _____
Occupation: _____

Beneficiary (Complete only if there is a beneficiary)

Name (First /MI/ Last): _____
Address: _____
Relationship: _____
Date of Birth (Month/Day/Year): _____
Social Security Number: _____

Initial Deposit Information

Initial Deposit (see account terms for minimum required initial deposit): \$ _____
If you are making your initial deposit via check, please make the check payable to: **Pacific Trust Bank** for account of "your name".

Disclosures

Government regulations require that we make the following disclosures available to you when you apply for an account with Pacific Trust Bank. You may print these disclosures for your records, if you wish. Links to these disclosures are available at <http://www.pacifictrustbank.com/Handbook/handbook.html> .

Acknowledgements/Certifications

By my signature below, I acknowledge and certify the following:

- Each signatory authorizes the Bank to obtain consumer reports from any consumer reporting agency, including but not limited to a check protection service for use in connection with this account.
- I (we) certify (1) that the number shown on this card is my, (our) correct taxpayer identification number and (2) that I, (we) are not subject to backup withholding, either because I, (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me, (us) that I, (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and you have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above).
- The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back up withholding.

I, (we) severally, agree to be bound by present or future by-laws, regulations or procedures of Pacific Trust Bank that are or may become applicable to this Account.

Primary Applicant Signature Date

Joint Applicant Signature Date

Please send this signed and completed application, along with your initial deposit, to the address referenced below. **Please note that because physical verification of your ID is not possible, each signature must be acknowledged by a Notary Public to ensure compliance with federal law.**

Customer Service/Main Office
 Pacific Trust Bank
 P.O. Box 5227
 Chula Vista, CA 91912-5227

You should receive your new account information within approximately 10 days. [Click here for an application for a free ATM or debit card](#) (available with checking accounts only). Your new checks should arrive within 2 weeks. If you have any questions, please call 1-877-441-BANK.

Thank you for banking with Pacific Trust, the place to stash your cash!
MEMBER FDIC **EQUAL HOUSING LENDER**