

PERSONAL IDENTIFICATION WORKSHEET

| | |
|---|-----------------------|
| Name | Date |
| | Hm Phone |
| Physical Address | Length at Address Y M |
| Mailing Address (if different) | Officer |
| Previous Address (if less than 2 years) | |
| Customer Number | Account Type |

FIRST SIGNER

| | | |
|---------------|---------------------------|-----------------|
| SSN | MMN | DOB |
| Employer | Length at Employer: Years | Months Wk Phone |
| Other Address | Other Ph | |
| Email: | | |

PRIMARY IDENTIFICATION

| | | | |
|------------|--------|------------|-----------------|
| Type of ID | Number | Issue Date | Expiration Date |
|------------|--------|------------|-----------------|

SECONDARY IDENTIFICATION

| | |
|------------|--------|
| Type of ID | Number |
|------------|--------|

SECOND SIGNER

| | | |
|---------------|---------------------------|-----------------|
| SSN | MMN | DOB |
| Employer | Length at Employer: Years | Months Wk Phone |
| Other Address | Other Ph | |
| Email | | |

PRIMARY IDENTIFICATION

| | | | |
|------------|--------|------------|-----------------|
| Type of ID | Number | Issue Date | Expiration Date |
|------------|--------|------------|-----------------|

SECONDARY IDENTIFICATION

| | |
|------------|--------|
| Type of ID | Number |
|------------|--------|

POD - BENEFICIARY

| | |
|---------|--------------|
| Name | Relationship |
| Address | |
| SSN | DOB Home Ph |

Investigative Consumer Report

An investigative or consumer report may be made in connection with this application. Applicant authorizes Star Bank of Texas to investigate the reference provided or any other statements or data obtained from applicant, or any of the undersigned principles credit or financial responsibility. You have a right, upon request, to a complete and accurate disclosure of the nature scope of the investigation requested.

| | | |
|-------------------------------------|------------------------------|-----------------------------|
| Are you a U.S. citizen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a permanent resident alien? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|-------------------------------------|------------------------------|-----------------------------|
| Are you a U.S. citizen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a permanent resident alien? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Signature

THIRD SIGNER

| | | |
|---------------|---------------------------|-----------------|
| SSN | MMN | DOB |
| Employer | Length at Employer: Years | Months Wk Phone |
| Other Address | Other Ph | |
| Email | | |

PRIMARY IDENTIFICATION

| | | | |
|------------|--------|------------|-----------------|
| Type of ID | Number | Issue Date | Expiration Date |
|------------|--------|------------|-----------------|

SECONDARY IDENTIFICATION

| | |
|------------|--------|
| Type of ID | Number |
|------------|--------|

FOURTH SIGNER

| | | |
|---------------|---------------------------|-----------------|
| SSN | MMN | DOB |
| Employer | Length at Employer: Years | Months Wk Phone |
| Other Address | Other Ph | |
| Email | | |

PRIMARY IDENTIFICATION

| | | | |
|------------|--------|------------|-----------------|
| Type of ID | Number | Issue Date | Expiration Date |
|------------|--------|------------|-----------------|

SECONDARY IDENTIFICATION

| | |
|------------|--------|
| Type of ID | Number |
|------------|--------|

POD - BENEFICIARY

| | | |
|---------|--------------|---------|
| Name | Relationship | |
| Address | | |
| SSN | DOB | Home Ph |

Investigative Consumer Report

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Are you a U.S. citizen? Yes No
Are you a permanent resident alien? Yes No

Are you a U.S. citizen? Yes No
Are you a permanent resident alien? Yes No

Signature

Signature