



**RF INCOME GENERATING SAVINGS ACCOUNT (RF - IGSA)
Account Application**

INSTRUCTIONS: Print & complete, take a picture and email to familybanking@bankofwhittier.com

Personal Information (Account(s) available to individuals with a valid Social Security Number only)

APPLICANT

CO-APPLICANT/JOINT

BENEFICIARY POD* ACCOUNT

Name: _____

Name: _____

Social Security Number: _____

Social Security Number: _____

Birth Date ___/___/___ Married Unmarried Separated
 Widow

Birth Date ___/___/___ Married Unmarried Separated
 Widow

Citizenship: U.S. Permanent Resident Alien
 Non-Permanent Resident Alien

Citizenship: U.S. Permanent Resident Alien
 Non-Permanent Resident Alien

Birth Place: _____

Birth Place: _____

Country of Citizenship: _____

Country of Citizenship: _____

Home Address (do not use P.O. Box, U.S. address only)

Home Address (do not use P.O. Box, U.S. address only)

Street _____ Apt # _____

Street _____ Apt # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Identification – Two forms required

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Primary Identification

Primary Identification

Driver's License or State Issued ID# _____

Driver's License or State Issued ID# _____

Issue Date ___/___/___ Exp. Date ___/___/___ State _____
MM DD YYYY MM DD YYYY

Issue Date ___/___/___ Exp. Date ___/___/___ State _____
MM DD YYYY MM DD YYYY

*POD - Payable on Death

Secondary Identification (choose one)

Passport # _____ Exp. Date __/__/____
MM DD YYYY

Country of Issue

Military ID # _____ Exp. Date __/__/____
MM DD YYYY

Major Bank/Credit Card American Express Visa

MasterCard Discover Card Diners Club

Account Number _____ Exp. Date _____
MM DD YYYY

For Security Purposes

Mother's Maiden Name _____

Secondary Identification (choose one)

Passport # _____ Exp. Date __/__/____
MM DDYYYYY

Country of Issue

Military ID # _____ Exp. Date __/__/____
MM DDYYYYY

Major Bank/Credit Card American Express Visa

MasterCard Discover Card Diners Club

Account Number _____ Exp. Date __/__/____
MM DD YYYY

For Security Purposes

Mother's Maiden Name _____

Employment Information

Employment Status Employed Self-Employed

Retired Student Homemaker Not Employed

Occupation: _____ Start Date __/____
MM YYYY

Employer _____

Street _____

City _____ State _____ Zip _____

Main Phone/Directory Number _____

Employment Information

Employment Status Employed Self-Employed

Retired Student Homemaker Not Employed

Occupation: _____ Start Date __/____
MM YYYY

Employer _____

Street _____

City _____ State _____ Zip _____

Main Phone/Directory Number : _____

I/We certify that the information submitted in this application is true, complete, and accurate. I/We understand that any misrepresentation will be cause for denial of admission.

Account Owner _____

Date _____

Account Co-Owner _____

Date _____