

Switching to PlainsCapital Bank has never been easier. Just fill out and print this form, and bring it with you when you come in to open your new account. Be sure to bring a picture ID for all account signers as well.

Individual Account

Joint Account

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (required for Online Banking access) \_\_\_\_\_

Email Address (required for Online Banking access) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Are you a U.S. Resident?

Are you a U.S. Resident?

Date of Birth \_\_\_\_\_  Yes  No

Date of Birth \_\_\_\_\_  Yes  No

Country of Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employment Status:

Employment Status:

- Full-time  Part-time  Contractor  Retired  Self-employed
- Unemployed

- Full-time  Part-time  Contractor  Retired  Self-employed
- Unemployed

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Are you or is anyone you are related to holding any kind of political office, either within the United States or internationally?

Are you or is anyone you are related to holding any kind of political office, either within the United States or internationally?

Yes  No

Yes  No

If yes, what is that person's relationship to you and what office is being held? \_\_\_\_\_

If yes, what is that person's relationship to you and what office is being held? \_\_\_\_\_

Please check the products and services you are interested in opening.

Checking Accounts

Saving/Money Market Accounts

Electronic Services

Other Services

- PremierAccess
- TotalAccess
- BasicAccess
- Protect and Serve
- LegacyAccess
- Youth Debit

- Personal Savings
- Youth Savings Program
- Money Market
- Certificates of Deposit**
- CD
- IRA

- Online Banking
- Bill Pay
- Zelle®
- Online Statements
- Mobile Banking
- Text Banking

- Debit Mastercard
- Check Order
- Personal Line of Credit
- Safe Deposit Box (where available)
- Combined Statement
- EZShield ID Theft Protection



# Customer Security Questions

**Required:** What is your mother's maiden name? Answer \_\_\_\_\_

Choose one and provide an answer.

- What was your childhood nickname? \_\_\_\_\_
- What was the name of your first pet? \_\_\_\_\_
- What is your father's middle name? \_\_\_\_\_
- In what city were you born? \_\_\_\_\_
- What was your high school mascot? \_\_\_\_\_
- What is your mother's birth year? \_\_\_\_\_
- Who was your favorite teacher? \_\_\_\_\_
- What was your first job? \_\_\_\_\_
- What is the last name of your first teacher? \_\_\_\_\_
- What was the make of your first car? \_\_\_\_\_
- What school did you attend in 6th grade? \_\_\_\_\_
- What is the middle name of your oldest sibling? \_\_\_\_\_
- In what city did you meet your spouse/significant other? \_\_\_\_\_
- Customer defined questions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## New Account Questionnaire

Will the account be used to deposit or withdrawal more than \$5,000 in cash per week?

Yes  No

If yes, please identify the source of the funds and/or the purpose of the withdrawals.

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Will the account be used to engage in transactions to or from foreign countries?

Yes  No

If yes, what is the source and purpose of the transactions to or from foreign countries and with which countries will the transactions be conducted.

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Will the account be used to conduct recurring multiple wire transfers per week?

Yes  No

If yes, identify the purpose of the wire transfers and name(s) of the individuals/business with whom they are to be conducted.

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# Uniform Single-Party or Multiple-Party Account Selection Form Notice

INSTRUCTIONS: The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following accounts. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary.

Select one of the following accounts by placing your initials to the left of the account you selected:

\_\_\_\_\_ **Single-Party Account without "P.O.D." (Payable on Death) Designation**

Enter the name of the party \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

\_\_\_\_\_

\_\_\_\_\_ **Single-Party Account with "P.O.D" (Payable on Death) Designation.** The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. the account is not a part of the party's estate.

Enter the name of the party \_\_\_\_\_

Enter the name or names of the P.O.D. beneficiaries \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

\_\_\_\_\_

\_\_\_\_\_ **Multiple-Party Account with Right of Survivorship.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to the party at any time. On the death of the party, the party's ownership of the account passes to the surviving parties.

Enter the names of the parties \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on the account

\_\_\_\_\_

\_\_\_\_\_ **Multiple-Party Account with Right of Survivorship and P.O.D. (Payable on Death) Designation.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D beneficiaries.

Enter the names of the parties \_\_\_\_\_

Enter the names of the P.O.D. beneficiaries \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

\_\_\_\_\_



\_\_\_\_\_ **Trust Account**

The parties named as a trustees to the account own the account in proportion to the parties' net contributions to the account. A trustees may withdraw funds from the account. A beneficiary may not withdraw funds from the account before all trustees are deceased. On the death of the last surviving trustees, the ownership of the account passes to the beneficiary. The trust account is not a part of a trustee's estate and does not pass under the trustee's will or by intestacy, unless the trustee survives all the beneficiaries and all other trustees.

Enter the name or names of the trustees \_\_\_\_\_

Enter the name or names of the beneficiaries \_\_\_\_\_

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

\_\_\_\_\_

Acknowledgement: I acknowledge that I have read each paragraph of this Notice, and have received disclosure of the ownership rights to the accounts listed above. I have placed my initials to the left of the account type that I want.

\_\_\_\_\_  
Customer's Signature    Customer's Printed Name    Date

\_\_\_\_\_  
Customer's Signature    Customer's Printed Name    Date

\_\_\_\_\_  
Customer's Signature    Customer's Printed Name    Date

\_\_\_\_\_  
Customer's Signature    Customer's Printed Name    Date

**FOR OFFICE USE ONLY:**  
ACCOUNT NO. \_\_\_\_\_ DATE \_\_\_\_\_



## Account Beneficiary

If you named one or more P.O.D Beneficiary in the Uniform Single-Party or Multi-Party Account Selection Form Notice, please complete the information below (use additional pages as necessary).

### Payable on Death Beneficiary Designation #1

\_\_\_\_\_  
Full Legal Name (note if a Trust, Charity, or Non-US citizen is named, further information will be required)

\_\_\_\_\_  
Social Security Number      \_\_\_\_\_  
Date of Birth      \_\_\_\_\_  
Beneficiary Percentage

- Spouse  
 Non-Spouse

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City      \_\_\_\_\_  
State      \_\_\_\_\_  
Zip

### Payable on Death Beneficiary Designation #2

\_\_\_\_\_  
Full Legal Name (note if a Trust, Charity, or Non-US citizen is named, further information will be required)

\_\_\_\_\_  
Social Security Number      \_\_\_\_\_  
Date of Birth      \_\_\_\_\_  
Beneficiary Percentage

- Spouse  
 Non-Spouse

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City      \_\_\_\_\_  
State      \_\_\_\_\_  
Zip

### Payable on Death Beneficiary Designation #3

\_\_\_\_\_  
Full Legal Name (note if a Trust, Charity, or Non-US citizen is named, further information will be required)

\_\_\_\_\_  
Social Security Number      \_\_\_\_\_  
Date of Birth      \_\_\_\_\_  
Beneficiary Percentage

- Spouse  
 Non-Spouse

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City      \_\_\_\_\_  
State      \_\_\_\_\_  
Zip



STEP 2

## Notify employer, government, or any other companies to redirect your deposits into your new account.

\_\_\_\_\_  
Name of Company Making Direct Deposit

\_\_\_\_\_  
Address City State Zip

### To Whom It May Concern:

I would like to establish a direct deposit of my income into my PlainsCapital Bank account as instructed below.

Please:  Create A New Direct Deposit  Change My Current Direct Deposit

### Personal Information

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone

### PlainsCapital Account Information

Bank Name: PlainsCapital Bank

Routing Number: 111322994

Account Number: \_\_\_\_\_

### Authorization

I authorize \_\_\_\_\_ (company) to make deposits directly to my PlainsCapital Bank account as indicated above and to make any adjustments for credit made in error to my account as necessary. This authority will remain in effect until I have given written notice to terminate this service.

\_\_\_\_\_  
Signature Date

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the company for processing.



STEP 3

## Change information for automatic payments to be debited from your new account

To Whom It May Concern:

I would like to establish an automatic payment as instructed below.

Please:       Create a New Automatic Payment       Change My Current Automatic Payment

### Personal Information

_____		_____		_____	
Last Name		First Name		Middle Name	
_____		_____		_____	
Street Address		City		State      Zip	
_____		_____		_____	
Home Phone		Work Phone			

### Payment Information

_____		_____	
Name of Payee		Account Number of Payee	
<input type="checkbox"/> Debit My PlainsCapital Bank Account		<input type="checkbox"/> Charge My PlainsCapital Bank Debit Card	
Routing Number: 111322994		Card Number: _____	
Account Number: _____		Expiration Date: _____	
Note: Attach a voided check or deposit slip below.			

### Authorization

I authorize \_\_\_\_\_ (payee) to initiate payments from my PlainsCapital Bank account as indicated above and to make adjustments for any debit made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

_____	_____
Signature	Date

FOR ACCOUNT DEBIT,  
ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the payee for processing.





STEP 4

Close your previous account once all direct deposits and automatic payments have been switched to your new account

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**To Whom It May Concern:**

Effective immediately, please close the following account:

Account Number: \_\_\_\_\_

Primary Account Owner Name: \_\_\_\_\_

Joint Account Owner Name (if applicable): \_\_\_\_\_

Please process and forward any remaining funds in my account by check to the following address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have any questions or if this form is not sufficient to complete this request, please contact me at the following phone numbers:

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Thank you for your assistance in completing this request.

\_\_\_\_\_  
Primary Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Joint Account Owner Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

