

## PERSONAL BANKING NEW ACCOUNT FORM

STEP 1  
REQUIRED

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

Home Address

City

State

Zip

Mailing Address (if different)

Home Phone

Cell Phone

Email Address (required for Online Banking access)

Social Security Number

Driver's License Number

State

Exp.

Date of Birth

Are you a U.S. Resident?

☐ Yes ☐ No

Country of Citizenship

Occupation

Employer

Work Phone

Employment Status:

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

Employer Address

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

☐ Yes ☐ No

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

Name

Home Address

City

State

Zip

Mailing Address (if different)

Home Phone

Cell Phone

Email Address (required for Online Banking access)

Social Security Number

Driver's License Number

State

Exp.

Date of Birth

Are you a U.S. Resident?

☐ Yes ☐ No

Country of Citizenship

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Employer

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Employment Status:

☐ Full-time ☐ Part-time ☐ Retired ☐ Self-employed  
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Employer Address

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

☐ Yes ☐ No

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

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

## Saving/Money Market Accounts

- ☐ Personal Savings
- ☐ Youth Savings Program
- ☐ Money Market

## Certificates of Deposit

- ☐ CD
- ☐ IRA

## Other Services (additional fees may apply)

- ☐ Online Banking
- ☐ Debit Mastercard
- ☐ Check Order
- ☐ Personal Line of Credit
- ☐ Credit Card
- ☐ Safe Deposit Box (where available)
- ☐ Combined Statement
- ☐ Overdraft Protection Transfers from a new or existing PlainsCapital Bank account



# Customer Security Questions

Each individual on the account will need to complete this form.

Individual Name: \_\_\_\_\_

**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 security question and answer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Customer Activity Questions

Each individual on the account will need to complete this form.

Individual Name: \_\_\_\_\_

Will the customer be conducting cash transactions? ☐ Yes ☐ No

If Yes, what are the estimated monthly cash deposits? ☐ \$0-\$3,000 ☐ \$3,001-\$10,000 ☐ \$10,001-\$15,000  
☐ \$15,001-\$25,000 ☐ \$25,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1,000,000 ☐ > \$1,000,000

If Yes, what are the estimated monthly cash withdrawals? ☐ \$0-\$3,000 ☐ \$3,001-\$10,000 ☐ \$10,001-\$15,000  
☐ \$15,001-\$25,000 ☐ \$25,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1,000,000 ☐ > \$1,000,000

Will the customer be conducting wire transactions? ☐ Yes ☐ No

If Yes, will the wires be domestic and/or foreign wires?

☐ Domestic Only ☐ Foreign Only ☐ Both Domestic and Foreign

If Yes, what is the estimated incoming monthly dollar amount?

☐ \$0-\$5,000 ☐ \$5,001-\$20,000 ☐ \$20,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1,000,000  
☐ \$1,000,001-\$5,000,000 ☐ > \$5,000,000

If Yes, what is the estimated outgoing monthly dollar amount?

☐ \$0-\$5,000 ☐ \$5,001-\$20,000 ☐ \$20,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1,000,000  
☐ \$1,000,001-\$5,000,000 ☐ > \$5,000,000

Will the customer be conducting electronic (ACH) transactions? ☐ Yes ☐ No

If Yes, will the ACH's be domestic and/or foreign transactions?

☐ Domestic Only ☐ Foreign Only ☐ Both Domestic and Foreign

If Yes, what is the estimated incoming monthly dollar amount?

☐ \$0-\$3,000 ☐ \$3,001-\$10,000 ☐ \$10,001-\$15,000 ☐ \$15,001-\$25,000 ☐ \$25,001-\$200,000  
☐ \$200,001-\$500,000 ☐ \$500,001-\$1,000,000 ☐ \$1,000,001-\$5,000,000 ☐ > \$5,000,000

If Yes, what is the estimated outgoing monthly dollar amount?

☐ \$0-\$3,000 ☐ \$3,001-\$10,000 ☐ \$10,001-\$15,000 ☐ \$15,001-\$25,000 ☐ \$25,001-\$200,000  
☐ \$200,001-\$500,000 ☐ \$500,001-\$1,000,000 ☐ \$1,000,001-\$5,000,000 ☐ > \$5,000,000



## 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

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.

## 1. SINGLE-PARTY ACCOUNT WITHOUT "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 as a part of the party's estate under the party's will or by intestacy.

## 2. 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.

## 3. 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 a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties.

## 4. 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.

## 5. TRUST ACCOUNT

The parties named as trustees to the account own the account in proportion to the parties' net contributions to the account. A trustee 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 trustee, 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 of the beneficiaries and all other trustees.



## 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

☐ Debit My PlainsCapital Bank Account

Routing Number: 111322994

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

Note: Attach a voided check or deposit slip below.

☐ Charge My PlainsCapital Bank Debit Card

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### 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

