

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	Identification – Two forms required		
Primary Identification	Primary Identification		
Driver's License or State Issued ID#	Driver's License or State Issued ID#		
Issue	Issue		

*POD - Payable on Death

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Secondary Identification (choose one)		Secondary Identification (choose one)		
Passport #	Exp. Date//_ MM DD YYYY	Passport #	Exp. Date/_/	
Country of Issue		Country of Issue	MM DDYYYY	
Military ID #	Exp. Date/_/ MM DD YYYY	Military ID #	Exp. Date/_/ MM DDYYYY	
Major Bank/Credit Card American Express Visa		Major Bank/Credit Card 🚇 American Express 🗎 Visa		
■ MasterCard Discover Card Diners Club		■ MasterCard ■ Discover Card ■ Diners Club		
Account Number	Exp. Date/_/ MM DD YYYY	Account Number	Exp. Date/_/ MM DD YYYY	
For Security Purposes		For Security Purposes		
Mother's Maiden Name		Mother's Maiden Name		
Employment Information		Employment Information		
Employment Status		Employment Status	Employed Self-Employed	
Retired Student Hor	memaker 📵 Not Employed	Retired Student H	omemaker Not Employed	
Occupation:	Start Date/	Occupation:	Start Date/	
Employer		Employer		
Street		Street		
City	State Zip	City	State Zip	
Main Phone/Directory Number	er :()	Main Phone/Directory Num	nber :()	
	nformation submitted in stand that any misrepre		e, complete, and e for denial of admission.	
Account Owner		Date		
Account Co-Owner		Date		

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