

CERTIFICATE OF DEPOSIT APPLICATION

Enclosed is my check for \$_____ made payable to 5Star Bank. (\$1,000 minimum)

Name 1 (First, MI, Last)	DOB	Soc. Sec. Num	Home Phone	Work Phone
Name 2 (First, MI, Last)	DOB	Soc. Sec. Num	Home Phone	Work Phone
Title of Trust (If Applicable)				
Mailing Address (Name 1)		City	State	Zip Code
Mailing Address (Name 2, if d	lifferent)	City	State	Zip Code
Driver's License #		State of issuance		Exp. Date
Name 1: Name 2:		Name 1: Name 2:		Name 1: Name 2:
Beneficiary Name		DOB	Soc. Sec. Num.	
Next of Kin (First, MI, Last)		Next of Kin Add	Iress	Next of Kin Phone
Employment Information				
Employer (Name 1):				
Employer (Name 2):				

Individual Account	_Joint Account _	Pay On Death (POD) Account	Revocable Trust Account

Select CD Term

6 month	1 year	18 month	2 year	2 ¹ / ₂ year	
3 year	4 year	5 year			

Interest Payment Options

Capitalize interest (Reinvest interest in the same CD account.)		
Deposit monthly interest payments to the following account:		
Bank Name	Routing #	
Account #	Type of Account	

Online Banking

Acco	ount Access	(To register go to 5staronlinebanking.com)
Email Addr		

SIGNATURES – By signing this application, I hereby authorize 5Star to open my account. Important: Please include a copy of a government issued photo ID (Example- Driver's license, Military ID, Passport) and a copy of a utility or telephone bill, which shows your name and current address. Mail Application to: 5Star Bank, PO Box 14108, Colorado Springs, CO 80914.

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Applicant's Signature

Co-Applicant's Signature

Date