

Account Application and Signature Card



2000 E. Milestone Dr., Appleton, WI 54919-0006
866-226-5225

Complete and return this application along with a check made payable to Thrivent Financial Bank.

If applicable, Agent Name _____ Agent Code _____ Account Number (internal use only): _____

Product Selection		Choose from these accounts			
Checking <input type="checkbox"/> Simply Free Checking \$ _____ <input type="checkbox"/> Totally E-Checking \$ _____ <input type="checkbox"/> Preferred Checking \$ _____ <input type="checkbox"/> Preferred Plus Checking \$ _____	Opening balance \$ _____	Savings <input type="checkbox"/> Preferred Savings \$ _____ <input type="checkbox"/> Goal Savings \$ _____ <input type="checkbox"/> Relat. Rewards Money Market \$ _____ <input type="checkbox"/> Preferred Plus Money Market \$ _____ <input type="checkbox"/> Premier Money Market \$ _____	Opening balance \$ _____	Certificates of Deposit <input type="checkbox"/> Certificate of Deposit \$ _____ Term: _____ months <input type="checkbox"/> Flex CD \$ _____ Term: _____ months	Opening balance \$ _____
If opening a checking account: Order a free debit card for primary owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Order a free debit card for joint owner #1? <input type="checkbox"/> Yes <input type="checkbox"/> No Order a free debit card for joint owner #2? <input type="checkbox"/> Yes <input type="checkbox"/> No		Checks and debit cards are ordered upon account funding. If opening a checking or money market account: Do you want checks ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select what you would like on the checks: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone # <input type="checkbox"/> Driver's License #			

Type of Account Designation	Choose one:	Account Features
<input type="checkbox"/> Single Party <input type="checkbox"/> UTMA: When establishing an account under the Uniform Transfer to Minors Act, the minor must be identified below as the primary account holder. The custodian must be identified below as the joint account holder.	<input type="checkbox"/> Joint Account: This account is jointly owned by the parties named hereon. Only one signature is required for payment or withdrawals. Upon the death of any account owner, ownership passes to the survivor(s).	<input type="checkbox"/> Payable on Death Beneficiary. <input type="checkbox"/> POA Designation: Please include appropriate POA documentation with this form.
	<input type="checkbox"/> Marital Account: This account is owned as a marital account by the parties named hereon. Upon the death of either of them, the survivor owns 50% of the sums on deposit.	

Primary Account Holder—Personal Information							
Last Name			First Name		Middle Initial		
Street Address		Apt #	City	State	ZIP	Social Security Number (Tax ID)	
Home Phone Number		Work Phone Number		Date of Birth (MM/DD/YY)		Driver's License Number	State Issued Expiration Date

Joint Account Holder #1—Personal Information							
Last Name			First Name		Middle Initial		
Street Address		Apt #	City	State	ZIP	Social Security Number (Tax ID)	
Home Phone Number		Work Phone Number		Date of Birth (MM/DD/YY)		Driver's License Number	State Issued Expiration Date

Joint Account Holder #2—Personal Information							
Last Name			First Name		Middle Initial		
Street Address		Apt #	City	State	ZIP	Social Security Number (Tax ID)	
Home Phone Number		Work Phone Number		Date of Birth (MM/DD/YY)		Driver's License Number	State Issued Expiration Date

Certification	I/We certify that (a) everything stated on this application is true and correct to the best of my/our knowledge; (b) Thrivent Financial Bank is authorized to make inquiries from any consumer reporting agency, including a check-protection service, in connection with this account; and (c) I/we are the age of majority*. I/We acknowledge that if this account is approved, the account will be governed by applicable federal laws and regulations, and the laws of the State of Wisconsin. I/we also read, understood and agree to be bound by the terms of the Deposit Account Agreement. The Deposit Account Agreement is available on the bank's website at www.thriventbank.com or by calling the bank's toll-free number above and requesting a copy of the agreement. Once your account is approved, a copy of the Deposit Account Agreement, as well as additional required disclosures, will be mailed to you for your records. If this account is opened in the name of a business entity, all signers are acting on behalf of the business entity.							
Under penalties of perjury, I certify that: 1. The number I have provided on this application is my correct tax identification number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). Certification Instructions—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.								
Primary Account Holder Signature _____				Date _____				
Joint Account Holder #1 Signature _____			Date _____		Joint Account Holder #2 Signature _____			Date _____

Additional Information:

*The age of majority is 19 in AL and NE. In all other states, the age of majority is 18.

