



Please fill out the information requested on this form to open a school savings account for your child. Information requested is used to open your child's account, keep you advised of the program and comply with US Law only. Personal information is not provided to third parties for other purposes. All requested information is required to participate.

USA PATRIOT Act Info

The USA PATRIOT Act requires information that verifies each person opening an account. To help the US Government fight money laundering and terrorism activities, we appreciate your assistance in accurately completing these forms.

Parent's Legal Name (first, middle, last)

Parent Social Security Number / / Parent Date of Birth

Tax ID Type: SSN Matricula Card

Mailing Address City State Zip

Physical Address if different from Mailing Address

Parent's Phone Number Email Address

Parent's Employer/Work Phone Number Occupation

Parent's Mother's Maiden Name

Child Name (primary account holder) / / Date of Birth Social Security Number

Child Name (primary account holder) / / Date of Birth Social Security Number

Child's Grade/Teacher

Check here to use an existing Southern Bancorp Savings Account

Account # _____

By signing below, I/we hereby request that your financial institution open a joint, custodial or Uniform Transfer to Minor account (whichever may apply) in my/our name(s). I/we understand that additional accounts may be opened using this form so long as they are the same name and ownership form. I/we recognize that changes made to this account such as removing a signer or adding a signer, may require a change authorization and that a change in the form of ownership may result. I/we agree to the terms of the applicable customer agreement. I certify that all the numbers/information shown on this form is correct. I am not subject to backup withholding by the IRS, and I am a US citizen (including a US resident alien).

Parent Signature / / Date of Signature