



# Personal Account Application/CIP

Attn: New Accounts

PLEASE PRINT CLEARLY

**Signer 1 – Full Name:** \_\_\_\_\_

I am a  Native – Tribe \_\_\_\_\_  Non-Native

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical Address/ Location:** \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Signer 2 – Full Name:** \_\_\_\_\_

I am a  Native – Tribe \_\_\_\_\_  Non-Native

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical Address/ Location:** \_\_\_\_\_  
\_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I/we would like the following (please check all that apply):

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Free Checking      | <input type="checkbox"/> E-Bank Checking | <input type="checkbox"/> Regular Checking | <input type="checkbox"/> Interest Checking      |
| <input type="checkbox"/> Elder Checking     | <input type="checkbox"/> Money Market    | <input type="checkbox"/> Savings          | <input type="checkbox"/> CD (complete addendum) |
| <input type="checkbox"/> VISA Debit Card(s) | <input type="checkbox"/> ATM Card(s)     | <input type="checkbox"/> Online Banking   | <input type="checkbox"/> Other _____            |

How did you hear about NAB? \_\_\_\_\_

Upon receipt of your Personal Account Application/CIP, NAB will send to you a new account packet with the signature card(s), account documents and disclosures required to open an account.

Send my new account packet:

- By FAX – Fax Number: \_\_\_\_\_
- To the address above.
- By Email – Email address: \_\_\_\_\_

Return this application:

By Fax: 720-963-5540

By Mail: Native American Bank  
999 18<sup>th</sup> St., Ste. 2460  
Denver, CO 80202



# Certificate of Deposit Addendum

Attn: New Accounts

PLEASE PRINT CLEARLY (INCLUDE WITH ACCOUNT APPLICATION/CIP)

Account Holder(s): \_\_\_\_\_

Contact Name (if business account): \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>Deposit Amount:</b> \$ _____ (Minimum \$1,000.00)	
<b>Term:</b> <input type="checkbox"/> 3 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 60 Months	<b>Rate:</b> _____ % * Contact NAB for current rates.
<b>Interest Compounding/Payment Frequency:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly (Default) <input type="checkbox"/> Monthly (\$10,000 minimum deposit)	<b>Interest Payment Method:</b> <input type="checkbox"/> Credit to CD (Default) <input type="checkbox"/> By Check <input type="checkbox"/> Credit to NAB Account: _____

\* The rate must be approved by a NAB representative. Current rates are subject to change at any time.

**Automatic Renewal Policy.** This account will automatically renew on each maturity date for an identical period of time as the original deposit term, unless written instruction is received from the account holder. Interest on renewed accounts will be calculated at the interest rate then in effect for time deposits for that deposit amount and term. Notification to deposit/withdraw funds and/or change account terms must be received no later than the end of the 10 day grace period after the maturity date.

**Early Withdrawal Policy.** Any withdrawal of all or part of the funds from this account prior to maturity may result in an early withdrawal penalty, which could reduce principal.

Please return this addendum with your Account Application/CIP to Native American Bank (see application for instructions). Mail your check or send funds by wire transfer to:

Native American Bank  
 999 18<sup>th</sup> St., Ste. 2460  
 Denver, CO 80202

ABA Routing Number: 092901625  
 Account Number: 36403001

Upon receipt of your Account Application/CIP, CD Addendum and funds, NAB will send to you a new account packet with the signature card, disclosures and request for documents required to open an account.

Bank Use	
Date Funds Received:	Maturity Date:
Port #:	Account #