



LINCOLN SAVINGS BANK

ONLINE BANKING APPLICATION

Thank you for your interest in Online Banking from Lincoln Savings Bank (LSB). This application is intended for use by LSB customers who have at least one active deposit and/or loan account.

You can type your responses directly on the form, then save and / or print the application. To save, you can either go to File > Save / Save As OR click the "Save a Copy" button above (if available). You can send, fax or drop off your completed application at any Lincoln Savings Bank location. For a list of locations, visit our website at www.MyLSB.com/Locations/.

NOTE: Please DO NOT email your completed application, as email is not a secure form of communication.

SECTION A - PERSONAL INFORMATION (FOR PERSONAL ACCOUNTS)

NAME (Last, First, Middle Initial):		SOCIAL SECURITY NUMBER:		
[REDACTED]		[REDACTED]		
STREET ADDRESS:		CITY:	STATE:	ZIP:
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
HOME PHONE:	CELL / WORK PHONE:	EMAIL ADDRESS:		
[REDACTED]	[REDACTED]	[REDACTED]		
MOTHER'S MAIDEN NAME (TO VERIFY IDENTITY):				
[REDACTED]				

SECTION B - BUSINESS INFORMATION (FOR COMMERCIAL ACCOUNTS)

BUSINESS NAME:		TAX ID NUMBER:		
[REDACTED]		[REDACTED]		
ACCOUNT ADMINISTRATOR (PROVIDES ID AND PIN TO AUTHORIZED USERS):				
[REDACTED]				
STREET ADDRESS:		CITY:	STATE:	ZIP:
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
BUSINESS PHONE:	BUSINESS FAX:	EMAIL ADDRESS:		
[REDACTED]	[REDACTED]	[REDACTED]		

SECTION C - CUSTOMER NOTIFICATION

Federal Law requires us to obtain, verify and record information that identifies each person who opens an account to help the government fight the funding of terrorism and money laundering activities. We may ask to see your driver's license and other identifying documents.

We appreciate your cooperation and thank you for banking with Lincoln Savings Bank.

SECTION D - AGREEMENT AND SIGNATURE

I certify that the information supplied in this application is complete and correct.

Applicant Signature

Date

Applicant Printed Name