

For security purposes and to help the government fight terrorism and money-laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. For this reason, we will ask you for your name, address, date of birth, Social Security number or other Tax Identification Number, and other information that will allow us to identify you. We may also ask other questions or request other documents meant to verify your identity.

Tell us about the existing account

Name on account	Social Security number/TIN
Existing account type	Existing account number

Home phone*	Mobile phone*	Email
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* By providing your phone number, you expressly consent and agree that FlowXBank, its affiliates, agents, subsidiaries, service providers or any other company acting on its behalf may contact you at that number for any reason about your accounts, now or in the future, by any method, including with an automatic telephone dialing system, prerecorded message, or text message, and including at a number for a cellular phone or other wireless device, regardless of whether you incur charges as a result. To learn more about our privacy practices, please go to FlowXBank.com/legal/privacy.

Referral information

Provide the referring person, publication, website, or offer referral code (If provided)

Referral

Choose account(s) and service(s)

Checking	Deposit amount
<input type="checkbox"/> Yield Checking account ¹ (\$100 minimum)	
<input type="checkbox"/> FlowXBank Checking account ¹ (\$25 minimum)	
	Total checking deposit
Would you like either of the following	<input type="checkbox"/> Visa® Debit card <input type="checkbox"/> Complimentary checks

Savings	Deposit amount
<input type="checkbox"/> FlowXBank Savings account ¹ (\$0 minimum)	
<input type="checkbox"/> Yield Money Market account ¹ (\$0 minimum)	
	Total checking deposit
Would you like either of the following	<input type="checkbox"/> Visa® Debit card <input type="checkbox"/> Complimentary checks

Fund accounts

- ☐ Write and mail a check payable to the account holder(s) or trust
(Mail to: FlowX Banking - New Account Deposits, PO Box, New York, NY 01234)

- ☐ Wire funds:

☐ U.S. dollars

☐ Foreign currency: (Specify) _____

Preferred contact:

Phone: _____

Email: _____

- ☐ Transfer funds from my existing FlowX Bank Account
(Account number) _____

Total deposit with this application _____