

FCFC New Account Form

New Account Number	
Stock Registered to:	1. 2.
Mailing Address	
Phone Number	1. 2.
Date(s) of Birth	1. 2.
Social Security Number(s)	1. 2.
<u>VERIFICATION – (1 Form Required for each shareholder)</u> 1. Driver's License - State _____ Number _____ Issue Date _____ Expiration Date _____ 2. Driver's License - State _____ Number _____ Issue Date _____ Expiration Date _____ State Issued ID - State _____ Number _____ Issue Date _____ Expiration Date _____ Military Photo ID – Branch _____ Issue Date _____ Expiration Date _____ ___ Trust Agreement ___ Short Certificate/Death Certificate	
<u>Alternative Forms of ID – (2 Forms Required)</u> ___ Social Security Card ___ Medicare/Insurance Card ___ Utility Bill showing Name and Current Address ___ Birth Certificate	___ Employee ID ___ Student ID ___ Pay Stub ___ Reference from Existing Customer (Amish)
Signature of Shareholder	1. 2.
Signature of Employee	
Date	