

Enrollment Form

Primary Depositor

Name _____
First
Middle
Last

Physical Address (No P.O. Boxes)

Street _____
 City _____ State _____ Zip _____
 At Address since (mm/yyyy) _____

Mailing Address, if different

Street _____
 City _____ State _____ Zip _____
 At Address since (mm/yyyy) _____

Are you an existing BB&T client? Yes No Are you a U.S. Citizen? Yes No

SSN/ITIN (indicate which) _____
 Birthdate (mm/dd/yyyy) _____ Mother's Maiden Name _____

Primary ID

Issuer _____ ID# _____
 Issue Date (mm/dd/yyyy) _____ Expiration Date (mm/dd/yyyy) _____
 Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____ Email Address _____
 Employer _____ Job Title _____ Since (mm/dd/yyyy) _____
 Name of nearest relative _____ Phone Number (_____) _____ - _____

Income _____ (optional)

Products and Services

Banker Instructions: Present a copy of BB&T's Privacy Notice to the client.

Information included in this application may be shared with or used by a BB&T subsidiary or affiliate for marketing purposes if the client expresses interest in learning about other BB&T products or services.

_____ (Client Initial: I have read and agreed to the above statement)

- Checking
 Savings
 BB&T Check Card
 The Plus Package
 Checks
 BB&T Identity Protection with Credit Monitoring
 Free OnLine® Banking with Bill Payment
User ID (8-15 characters, letters or numbers, first character must be letter) _____

Please indicate below if you are interested in learning more about the following:

- Certificates of Deposit*
 IRAs
 Health Savings Accounts
 Loans/Lines of Credit**
 Investments
 Planning for Retirement
 Buying a Home
 Saving for Children's Education
 Credit card
 Overdraft Protection**

ATM / Everyday Debit Card Overdraft Review Decision

Banker Instructions: It is required that you provide the client with the ATM/Everyday Debit Card Overdraft Review Notice during account opening before the client makes their decision to opt-in/out.

ATM/Everyday Debit Card Overdraft Review decision(s):

- Checking Account Opt-In Opt-Out
 Checking Account Opt-In Opt-Out
 (Secondary account, if applicable)
 Savings Account Opt-In Opt-Out

I verify that the information contained in this application is accurate to the best of my knowledge.

Applicant Signature _____
 Co-Applicant Signature _____

*A penalty may be imposed for early withdrawal from CDs. **Loans are subject to credit approval. All new accounts are verified through a credit reporting agency. Loan and deposit products are offered through Branch Banking and Trust Company, Member FDIC and Equal Housing Lender. Only deposit products are FDIC insured.

BB&T INTERNAL USE ONLY

CID Number _____

Verify Identification

Yes No

Checking Account Type

Check Card 4-Digit PIN ____ ____ ____ ____

Access Checking and Savings? Yes No

Checks

Design Type _____

Duplicates? Yes No

Phone number on checks? Yes No

Savings

Transfer Amount \$ _____

Transfer Date _____

Combined Statement? Yes No

Notes: _____

