



Deposit Account Opening Application Form

Please circle the number for the personal deposit account type or types you would like to open and other choices:					
1	Personal Gold Checking (non-interest bearing)	Single Account?	Joint Account?	Initial Deposit Amount	
2	Personal GoldBar Checking (interest-bearing)	Single Account?	Joint Account?	Initial Deposit Amount	
3	Personal Golden Money Market (interest-bearing)	Single Account?	Joint Account?	Initial Deposit Amount	
4	Personal Gold Savings (interest-bearing)	Single Account?	Joint Account?	Initial Deposit Amount	
5	3-Month Golden Certificate of Deposit (interest-bearing)	Single Account?	Joint Account?	Initial Deposit Amount	
Primary Owner's Last Name, First Name		Primary Owner's Social Security No.		Primary Owner's Telephone No.	
Primary Owner's Street Address		Primary Owner's Driver License No.		Primary Owner's Email Address	
Primary Owner's City, State and Zip Code Address		Primary Owner's Birth Date		Primary Owner's Mother's Maiden Name	
Secondary Owner's Last Name, First Name		Secondary Owner's Social Security No.		Secondary Owner's Telephone No.	
Secondary Owner's Street Address		Secondary Owner's Driver License No.		Secondary Owner's Email Address	
Secondary Owner's City, State and Zip Code Address		Secondary Owner's Birth Date		Secondary Owner's Mother's Maiden Name	
Would you like an ATM card issued to you as primary owner?				Yes?	No?
Would you like an ATM card issued to the secondary owner?				Yes?	No?
Primary Owner's Authorized Signature				Date Signed	

Please circle the number for the business deposit account type or types you would like to open and other choices:					
1	Business Gold Checking (non-interest bearing)			Initial Deposit Amount	
2	Business GoldBar Checking (interest-bearing)			Initial Deposit Amount	
3	Business Golden Money Market (interest-bearing)			Initial Deposit Amount	
4	Business Gold Savings (interest-bearing)			Initial Deposit Amount	
5	3-Month Golden Certificate of Deposit (interest-bearing)			Initial Deposit Amount	
Primary Signer's Last Name, First Name		Primary Signer's Driver License No.		Primary Signer's Email Address	
Business' Street Address		Business' Tax ID No.		Business Telephone No.	
Business' City, State and Zip Code Address		Business Website Address		Business' Fax No.	
Primary Signer's Authorized Signature				Date Signed	