



To help the government fight the funding of 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. What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documentation. In all cases, protection of your identity and confidentiality is our pledge to you.

New Account Application

Account Type:

- Personal:** Individual Checking Silver Star Gold Star NOW Account Savings Money Market SDB
 CD: (Term: _____ Rate: _____ Reinvest Transfer Mail Check) IRA: (Term: _____ Rate: _____ Reinvest Transfer Mail Check)
- Business:** Business Checking Business Interest Checking Commercial Savings Commercial Money Market SDB
 CD: (Term: _____ Rate: _____ Reinvest Transfer Mail Check)

Account Ownership:

- Personal:** Individual Individual w/POD: Beneficiary _____ Joint w/o Survivorship Joint w/Survivorship
 Joint w/Survivorship & POD: Beneficiary _____ UTMA Estate Trust
- Business:** Sole Proprietor Corporation: (For Profit Not for Profit) Limited Liability Company Partnership
 Limited Partnership Limited Liability Partnership Unincorporated Association: (For Profit Not for Profit)

Nature of Business: _____

County and State of Organization: _____

Anticipated Account Activity: Responses Required

- Wires (Domestic Foreign: Country(s) _____)
 ACH (Received Sent) Cash Deposits (10 or more/Mo Over \$2500 or more/Mo)

Is the Customer involved in Internet Gambling? Yes No Customer Initial **X** _____

Does this customer operate a privately owned ATM? Yes No Customer Initial **X** _____

Does this customer operate as a TPPP? (third-party payment processor) Yes No Customer Initial **X** _____

Does this customer operate as an MRB (marijuana related business) Yes No Customer initial **X** _____

Account Owners/Signers:

Owner Signer Name: _____ SSN/TIN _____ DOB _____
 DL State/#/Exp Date _____ US Citizen? Y or N: Country _____ Home Phone: _____
 Physical Address: _____ Cell Phone: _____
 Mailing Address: _____ Business Phone: _____
 Employer: _____ Position/Title _____ Fax Number: _____

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 Mailing Address: _____ Business Phone: _____
 Employer: _____ Position/Title _____ Fax Number: _____

Bank Use Only: Opening Date: _____ Account #: _____ Opened by/Branch: _____
Home Phone(s) Verified: Yes No Business Phone(s) Verified: Yes No EFunds: Yes No
Reason any of above not verified: _____ Opening Amount: _____ Source of Funds _____
Hold on Opening Deposit? Yes No Length of Hold: _____ If \$0 opening deposit, give reason: _____
Comments/Special Instructions: _____