



Account Number
CIF #

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| |
| |
| |
| |

Bank use Only

DEPOSIT ACCOUNT APPLICATION
(NON-COMMERCIAL)

| | | | | | |
|---------------------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|
| New account | <input type="checkbox"/> | New Customer | <input type="checkbox"/> | Date | |
| Change of account | <input type="checkbox"/> | Existing Customer | <input type="checkbox"/> | Opened by | |
| Services | | | | | |
| Regular Checking | <input type="checkbox"/> | Basic Checking | <input type="checkbox"/> | NOW Checking | <input type="checkbox"/> |
| Money Market | <input type="checkbox"/> | Statement Savings | <input type="checkbox"/> | Safe Deposit Box | <input type="checkbox"/> |
| Certificate of Deposit | <input type="checkbox"/> | IRA CD | <input type="checkbox"/> | IBC Account | <input type="checkbox"/> |
| ATM Card | <input type="checkbox"/> | Debit Card | <input type="checkbox"/> | Internet Banking | <input type="checkbox"/> |
| Bill Payment | <input type="checkbox"/> | | | | |
| Name – Primary (1) | | | | Tax ID or W8# | |
| | | | | Date of Birth | |
| Address | | | | | |
| City | | State | Zip | Telephone | |
| Name – (2) | | | | Tax ID or W8# | |
| | | | | Date of Birth | |
| Address | | | | | |
| City | | State | Zip | Telephone | |
| Name –(3) | | | | Tax ID or W8# | |
| | | | | Date of Birth | |
| Address | | | | | |
| City | | State | Zip | Telephone | |

MAIL STATEMENT IF DIFFERENT THAN ABOVE

| | | | | | |
|---------|--|-------|-----|-----------|--|
| Address | | | | | |
| City | | State | Zip | Telephone | |

BACKGROUND INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Current Bank References including City and State | | | | | |
| Former Bank references including City and State | | | | | |

Banking reference for all new accounts in excess of \$250,000

Bank Name: _____

Address: _____

Phone number: _____

Expect Monthly Balance \$ _____

Source of Funds Salary/Work-Related Compensation Savings Gift**Does this account anticipate frequent (over three per week) cash transaction?** Yes No

Reason: _____

Monthly Volume: \$1-\$50M \$50M-\$100M Over \$100M**REASON FOR OPENING ACCOUNT RELATIONSHIP**

| | | |
|---|---|---------------------------|
| <input type="radio"/> Referral | Name of person making referral | |
| <input type="radio"/> Existing Relationship | Current Relationship | Current Account number(s) |
| <input type="radio"/> Convenience | <input type="radio"/> Live near bank <input type="radio"/> Work near bank | |
| <input type="radio"/> Previous relationship | Date of previous relationship | |
| <input type="radio"/> Other | Explanation | |

Reason For Opening Account (Check all that applies)

- Check Deposit/Withdrawals Purchase Monetary Instrument Savings Safe deposit Box
 Wire Transfer Incoming Monthly volume \$1-50M \$50M-\$100M Over \$100M
 Outgoing Monthly volume \$1-50M \$50M-\$100M Over \$100M
 Certificate of Deposit

| PRIMARY FORM OF IDENTIFICATION | | | | SECONDARY FORM OF IDENTIFICATION | | |
|---|---------|------------|----------|---|---------|-----------------|
| <input type="radio"/> Driver License with Picture, State and Number | | | | <input type="radio"/> Employee ID with Picture and Number | | |
| State | Number | Issue Date | Exp date | Employer | Number | |
| <input type="radio"/> Passport with Picture, Country and Number | | | | <input type="radio"/> Credit Card Type and Number | | |
| Country | Number | Issue Date | Exp date | Type | Last 4# | Expiration date |
| <input type="radio"/> Alien Card with Picture, Country and Number | | | | <input type="radio"/> Student ID with picture and Number | | |
| Country | Number | Issue Date | Exp date | School | Number | |
| <input type="radio"/> Government / State ID with Picture and Number | | | | <input type="radio"/> Social Security Card | | |
| State | Number | Issue Date | Exp date | Number | | |
| <input type="radio"/> Other | Explain | | | <input type="radio"/> Other | Explain | |

Employer Name: _____ Occupation / Title _____

Address: _____

Work Phone: _____ Home Phone: _____

Applicant Signature _____ Notary Public _____

(Bank use Only)

OPENING DEPOSIT INFORMATION – DESCRIBE CHECK(S) USED IN OPENING DEPOSIT

| | | |
|----------------------------------|-----------------|-----------------------|
| Maker's name _____ | Bank Name _____ | Amount \$ _____ |
| Maker's name _____ | Bank Name _____ | Amount \$ _____ |
| Maker's name _____ | Bank Name _____ | Amount \$ _____ |
| Chex Systems Verification | | Date: _____ By: _____ |
| Chex System Record | | Date: _____ By: _____ |
| Follow-Up Welcome Letter | Date _____ | By _____ |
| ATM/Debit card ordered | Date _____ | By _____ |
| Checks ordered | Date _____ | By _____ |
| Scanned ID & Signature | Date _____ | By _____ |

VERIFICATION OF APPLICATION INFORMATION

| | |
|---|--|
| Did C/S obtain and record primary and secondary ID information? <input type="radio"/> Yes <input type="radio"/> No (Explain) | |
| Does the photo match the customer's appearance? <input type="radio"/> Yes <input type="radio"/> No | |
| Home telephone number <input type="radio"/> Yes <input type="radio"/> No (Explain) | Home address <input type="radio"/> Yes <input type="radio"/> No (Explain) |
| Business telephone number <input type="radio"/> Yes <input type="radio"/> No (Explain) | Business address <input type="radio"/> Yes <input type="radio"/> No (Explain) |
| Bank references <input type="radio"/> Yes <input type="radio"/> No (Explain) | |
| Use of third party verification source <input type="radio"/> Yes <input type="radio"/> No (Explain) | Name of third party verification |
| Office of Foreign Assets Control (OFAC) <input type="radio"/> Yes <input type="radio"/> No (Explain) | |

RISK ASSESSMENT

| |
|--|
| Risk Rating: <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low |
|--|

JOINT ACCOUNT SIGNER(S)

| | | | | | | |
|---|---------|------------|----------|---|---------|-----------------|
| Name – (2) | | | | | | |
| PRIMARY FORM OF IDENTIFICATION | | | | SECONDARY FORM OF IDENTIFICATION | | |
| <input type="radio"/> Driver License with Picture, State and Number | | | | <input type="radio"/> Employee ID with Picture and Number | | |
| State | Number | Issue date | Exp date | Employer | Number | |
| <input type="radio"/> Passport with Picture, Country and Number | | | | <input type="radio"/> Credit Card Type and Number | | |
| Country | Number | Issue date | Exp date | Type | Last 4# | Expiration date |
| <input type="radio"/> Alien Card with Picture, Country and Number | | | | <input type="radio"/> Student ID with picture and Number | | |
| Country | Number | Issue date | Exp date | School | Number | |
| <input type="radio"/> Government / State ID with Picture and Number | | | | <input type="radio"/> Social Security Card | | |
| State | Number | Issue date | Exp date | Number | | |
| <input type="radio"/> Other | Explain | | | <input type="radio"/> Other | Explain | |
| Employer Name: | | | | Occupation / Title | | |
| Address: | | | | | | |
| Work Phone: | | | | Home Phone: | | |
| Applicant Signature | | | | Notary Public | | |
| | | | | | | |
| Name – (3) | | | | | | |
| PRIMARY FORM OF IDENTIFICATION | | | | SECONDARY FORM OF IDENTIFICATION | | |
| <input type="radio"/> Driver License with Picture, State and Number | | | | <input type="radio"/> Employee ID with Picture and Number | | |
| State | Number | Issue date | Exp date | Employer | Number | |
| <input type="radio"/> Passport with Picture, Country and Number | | | | <input type="radio"/> Credit Card Type and Number | | |
| Country | Number | Issue date | Exp date | Type | Last 4# | Expiration date |
| <input type="radio"/> Alien Card with Picture, Country and Number | | | | <input type="radio"/> Student ID with picture and Number | | |
| Country | Number | Issue date | Exp date | School | Number | |
| <input type="radio"/> Government / State ID with Picture and Number | | | | <input type="radio"/> Social Security Card | | |
| State | Number | Issue date | Exp date | Number | | |
| <input type="radio"/> Other | Explain | | | <input type="radio"/> Other | Explain | |
| Employer Name: | | | | Occupation / Title | | |
| Address: | | | | | | |
| Work Phone: | | | | Home Phone: | | |
| Applicant Signature | | | | Notary Public | | |
| | | | | | | |