

SECURITY STATE BANK
New Account Information Form – Business/Commercial Account
Including Sole Proprietorship

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A
NEW ACCOUNT**

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 for 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 documents.

Business Information:

Legal Business Name _____ TIN/EIN _____
Other Business Names, if any (dba) _____
(If you are a DBA, a copy of the assumed name filing must be provided before the account can be opened)
Mailing _____ Physical _____
Address _____ Address _____
Phone # _____

Type of Business or Profession _____
(If business falls into HIGH RISK customer category-follow due diligence-Refer to CIP Policy)

Business/Company Website: _____

Information on Person(s) Opening the Account:

Name _____ DOB _____ SSN _____
Mailing _____ Physical _____
Address _____ Address _____
Driver's License # _____ Home Ph # _____ Work Ph # _____
Email _____ Cell Ph # _____

Name _____ DOB _____ SSN _____
Mailing _____ Physical _____
Address _____ Address _____
Driver's License # _____ Home Ph # _____ Work Ph # _____
Email _____ Cell Ph # _____

Does address match Primary ID? _____ Yes _____ No (If NO, explain below
Previous address (if less than 2 years at current address/Primary ID does not match current address):

Non U.S. Person—Must provide one or more of the following:
Alien ID card # _____ Passport # _____
Country of Issuance: _____
(Must be government issued, evidence nationality or residence and bear current photograph or similar safeguard)

Please complete the following questionnaire about your new account. Thank you!

1. Source of initial deposit? _____
2. Account Purpose and Expected Types of Account Activity (check all that apply):
Personal ____ Business ____ Other ____ Regular/Routine Deposits ____ Large Deposits ____
ACH Withdrawals ____ Debit Card Usage ____ Wire Transfer ____
3. Expected Monthly Cash Volume (deposits or withdrawals):
under \$3,000 ____ \$3,000 to \$9,000 ____ over \$9,000 ____
4. Estimated Wire Transfer Activity:
Expected Weekly Number _____ \$ Volume _____ Foreign Country (incoming/outgoing _____)
5. Nature of business services/type of business ? _____
6. Do you/will you cash checks for people? (Please circle **Y** or **N** on all that apply) **Y or N**
If Yes, will you cash checks greater than \$1,000.00? **Y or N**

If this business will be cashing checks in excess of \$1,000.00 for any person on any one day in one or more transactions, then this business is considered to be a Money Service Business and must be registered. Please provide a copy of the MSB Registration and list the state and country in which the business is registered: _____ . A risk assessment must also be completed. (Please refer to Policy and contact the BSA Officer).

OR

I certify that the business for which this account is being opened is NOT a Money Service Business. _____
(Place an X on the line above and sign below)

Do you and/or your business own and/or operate your own ATM? **Y or N**

Do you/will you sell money orders? **Y or N**

Do you/will you sell traveler's checks? **Y or N**

Do you/will you sell stored value cards? **Y or N**

Is your organization in any way involved with internet gambling activities? **Y or N**

By signing this document, I authorize Security State Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency/agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Security State Bank products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

Business Name and/or Customer Name (Please print)

Date

Customer Signature

THIS INFORMATION IS TO INFORM THE CUSTOMER WHAT DOCUMENTS ARE REQUIRED TO OPEN A BUSINESS/COMMERCIAL ACCOUNT

FOR BANK USE ONLY

Account # _____

OFAC checked _____(Bus)

OFAC checked _____(Indiv)

Business Legal Documents for Corporations:

Certificate of Filing issued by the Sec. of State
Certificate of Formation
Copy of Corporate Bylaws
Certificate of Good Standing (Texas Comptroller)
IRS issued Employer Identification Number (EIN)
Corporate Resolution (Prepared by SSB)
Corporation can have a DBA/Assumed Name
(Certificate must be filed with the Tx Secretary of State and the County Clerk)

Business Legal Documents for LLC's:

Certificate of Filing issued by the Sec. of State
Certificate of Formation
Copy of the Company Agreement
Certificate of Good Standing (Texas Comptroller)
IRS issued Employer Identification Number (EIN)
LLC Resolution (Prepared by SSB)
LLC can have a DBA/Assumed Name
(Certificate must be filed with the Tx Sec. of State and the County Clerk)

Business Legal Documents for General Partnership:

Copy of Partnership Agreement
IRS issued Employer Identification Number (EIN)
Account in the name of the General Partnership
Each Partner required to sign the signature card
(Can have General Partnership without a partnership Agreement, but must be approved by a Bank Officer)
If General Partner is a Corporation must also have:
Certificate of Filing issued by Tx Secretary of State
Certificate of Formation
Certificate of Good Standing issued by the Tx Comptroller
Resolution prepared by SSB
(Can have an assumed name certificate filed with the Tx Secretary of State)

Business Legal Documents for Limited Liability Partnership or Limited Partnership:

Copy of Partnership Agreement & any Amendments
IRS issued Employer Identification Number (EIN)
Certificate of Formation
Limited Partnership Authorization or Resolution
(Partnership can have a DBA/Assumed Name and must be filed with Tx Secretary of State and the County Clerk)
(Form that certifies Limited Partnership wishes to open an account, identifies authorized signers and is signed by the general partners)
Copy of Certificate of Formation from the Tx Secretary of State
Company Agreement
Certificate of Good Standing issued by Tx Comp.
Certificate of Resolution naming authorized signers

Sole Proprietorship:

Business owned by an individual. Legally the individual owner and the business are considered one person and are not separated for the purposes of taxes, contracts and legal actions.
Must obtain personal information from the sole proprietor opening an account with the bank. Opened as a business/commercial account.
Assumed Name Certificate is required if the business is a DBA and the customer is not using their surname in the title of the business. This Assumed Name Certificate is required to be filed with the County Clerk's office.
Sole Proprietorship accounts (for IRS purposes) should be opened with an SSN.

Other Account Openings that should be referred to an officer include:

1. **Out of State Entities**
2. **Revocable Living Trust, also known as a Living Trust**
3. **Irrevocable Trust/Testamentary Trust**
4. **Estate Accounts**
5. **Guardian Accounts**
6. **Representative Payee Accounts**
7. **Unincorporated Associations, Clubs, Churches and Civic Organizations**
8. **Benefit/Memorial Funds**
9. **IOLTA accounts**
10. **TUTMA accounts**

Person(s) Opening the Account:

Verify identity through review of at least two of the following, one of which must be in the first column.

Person #1:

<input type="checkbox"/> State Driver's License # _____ exp _____	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> State I.D. Card # _____ exp _____	<input type="checkbox"/> Firearms License # _____ exp _____
<input type="checkbox"/> Military I.D. Card # _____ exp _____	<input type="checkbox"/> Voter Registration Card # _____ exp _____
<input type="checkbox"/> Student I.D. Card # _____ exp _____	<input type="checkbox"/> Property Tax Bill/Receipt
<input type="checkbox"/> Passport # _____ exp _____	<input type="checkbox"/> Utility Bill # _____ date _____
<input type="checkbox"/> U.S. Alien Registration # _____ exp _____ Country _____	<input type="checkbox"/>
Initials _____	Date _____

Person #2:

<input type="checkbox"/> State Driver's License # _____ exp _____	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> State I.D. Card # _____ exp _____	<input type="checkbox"/> Firearms License # _____ exp _____
<input type="checkbox"/> Military I.D. Card # _____ exp _____	<input type="checkbox"/> Voter Registration Card # _____ exp _____
<input type="checkbox"/> Student I.D. Card # _____ exp _____	<input type="checkbox"/> Property Tax Bill/Receipt
<input type="checkbox"/> Passport # _____ exp _____	<input type="checkbox"/> Utility Bill # _____ date _____
<input type="checkbox"/> U.S. Alien Registration # _____ exp _____ Country _____	<input type="checkbox"/>
Initials _____	Date _____

Non-documentary Methods _____

Discrepancies, if any _____
Resolutions _____

Risk Assessment Rating: Low _____ Medium _____ High _____