

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.

Primary Name _____ DOB _____ SSN _____
Mailing _____ Physical _____
Address _____ Address _____

Driver's License # and State _____ Issue Date _____ Expire Date _____
Home Ph # _____ Work Ph # _____ Cell Ph # _____
Email _____
Employer _____ Occupation _____
Length of Employment _____ Current Accounts with SSB? _____ Previous Bank _____

Secondary Name _____ DOB _____ SSN _____
Mailing _____ Physical _____
Address _____ Address _____

Driver's License # and State _____ Issue Date _____ Expire Date _____
Home Ph # _____ Work Ph # _____ Cell Ph # _____
Email _____
Employer _____ Occupation _____
Length of Employment _____ Current accounts with SSB? _____ Previous Bank _____

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 Transfers _____ Money Service Business (check casher) _____
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) _____

Customer Signature(Primary) _____ Date _____

Customer Signature(Secondary) _____ Date _____

FOR BANK USE ONLY

Account # _____

OFAC checked _____

Verify identity by making a copy of the provided photo ID. Make a copy of the Social Security card if customer carries the card with them. If not, please complete and execute a W-9 and have the customer sign it.

EMPLOYEE MUST CHECK THE BOX FOR BOTH TYPES OF IDENTIFICATION USED TO OPEN ACCOUNT.

EMPLOYEE MUST ALSO COMPLETE ACCOUNT NUMBER AND OFAC AT THE TOP OF THIS PAGE.

State Driver's License <input type="checkbox"/> SOLE/JOINT PRIMARY <input type="checkbox"/> JOINT SECONDARY	Social Security Card <input type="checkbox"/> SOLE/JOINT PRIMARY <input type="checkbox"/> JOINT SECONDARY
<input type="checkbox"/> State I.D. Card # _____ exp _____ # _____ exp _____	<input type="checkbox"/> Firearms License # _____ exp _____
<input type="checkbox"/> Military I.D. Card # _____ exp _____ # _____ exp _____	<input type="checkbox"/> Voter Registration Card # _____ exp _____ # _____ exp _____
<input type="checkbox"/> Student I.D. Card	<input type="checkbox"/> Property Tax Bill/Receipt
<input type="checkbox"/> Passport # _____ exp _____ # _____ exp _____	<input type="checkbox"/> Utility Bill # _____ date _____
<input type="checkbox"/> U.S. Alien Registration # _____ exp _____ Country _____	W-9 <input type="checkbox"/> SOLE/JOINT PRIMARY <input type="checkbox"/> JOINT SECONDARY
Initials _____	Date _____

Non-documentary Methods _____

Discrepancies, if any _____

Resolutions _____

RISK ASSESSMENT MUST BE COMPLETED BY EMPLOYEE. IF RISK RATED MEDIUM OR HIGH, BSA OFFICER AND/OR BSA ASSISTANT MUST BE NOTIFIED.

Risk Assessment Rating: Low _____ Medium _____ High _____