



## SECURITY STATE BANK BUSINESS NEW ACCOUNT APPLICATION



### 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.

Please complete this application and present it to our New Account Personnel, with a Valid Driver's License(s), Social Security Card, Military Identification or Passport of the Signer(s). **\*\*\*Note that all Supporting Company documentation presented to our New Account Personnel will need to be submitted to our compliance officer for approval prior to opening the account.**

ACCOUNT / CD / BOX #	INITIALS

ACCOUNT REVISION

<b>SECTION 1</b>	Legal Business Name: _____ TIN / EIN: _____
	Other Business Names, if any (DBA) _____
	Physical Address: _____ City / State / Zip Code: _____
	Mailing Address: _____ City / State / Zip Code: _____
	Business Phone: _____
	Type of Business or Profession: _____ Business / Company Website : _____

<b>SECTION 2</b>	<input type="checkbox"/> Existing Customer      Are you a US citizen?      Y or N      If no, what country are you a citizen? _____ I certify that I am not a politically exposed person.      Y or N
	<b>Signer #1</b> _____      DOB: _____      SSN: _____ <b>Alias (if any):</b> _____
	Physical Address: _____ City / State / Zip Code: _____
	Mailing Address: _____ City / State / Zip Code: _____
	State DL / ID# _____ Issue Date: _____ Expiration Date: _____
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
	Employer: _____ Occupation: _____
	Email Address: _____
	<input type="checkbox"/> Existing Customer      Are you a US citizen?      Y or N      If no, what country are you a citizen? _____ I certify that I am not a politically exposed person.      Y or N
	<b>Signer #2</b> _____      DOB: _____      SSN: _____ <b>Alias (if any):</b> _____
	Physical Address: _____ City / State / Zip Code: _____
	Mailing Address: _____ City / State / Zip Code: _____
	State DL / ID# _____ Issue Date: _____ Expiration Date: _____
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
	Employer: _____ Occupation: _____
	Email Address: _____
	<input type="checkbox"/> Existing Customer      Are you a US citizen?      Y or N      If no, what country are you a citizen? _____ I certify that I am not a politically exposed person.      Y or N
	<b>Signer #3</b> _____      DOB: _____      SSN: _____ <b>Alias (if any):</b> _____
Physical Address: _____ City / State / Zip Code: _____	
Mailing Address: _____ City / State / Zip Code: _____	
State DL / ID# _____ Issue Date: _____ Expiration Date: _____	
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Employer: _____ Occupation: _____	
Email Address: _____	

<b>SECTION 3</b>	<b>PAYABLE ON DEATH BENEFICIARY (POD) - Only for Sole Proprietorship</b>		
	POD #1: _____	DOB: _____	SSN: _____
	POD #2: _____	DOB: _____	SSN: _____

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

<b>SECTION 4</b>	<b>**NOTE - For Certificate of Deposit Accounts, answer ONLY Question 1. Section 4 DOES NOT apply to Safe Deposit Boxes.</b>	
	1) Source of initial deposit? _____	
	2) Account Purpose and Expected Types of Account Activity (check all that apply): _____ Regular / Routine Deposits      _____ ACH Withdrawals      _____ Wire Transfer _____ Large Deposits      _____ Debit Card Usage	
	3) Expected Monthly "CURRENCY" Volume. (This DOES NOT INCLUDE checks to be deposited.) _____ under \$3,000      _____ \$3,000 to \$9,000      _____ over \$9,000	
	4) Estimated Wire Transfer Activity:      _____ Weekly      _____ Monthly      _____ Occasionally Expected Number _____ / \$ Volume _____ / Foreign Country (incoming /outgoing) _____	
	5) Nature of Business services / type of business? _____	
	Please Circle Y or N on all that apply	
	6) Do you / will you cash checks for people?      Y or N If Yes, will by 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 Services 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.	
	OR	
	I certify that the business for which this account is being opened is NOT a Money Service Business.      Y or N	
Do you and/or your business own and/or operate your own ATM?      Y or N		
Do/Will you sell money orders?      Y or N		
Do/Will you sell traveler's checks?      Y or N		
Do/Will you sell stored value cards?      Y or N		
Is your organization in any way involved with internet gambling activities?      Y or N		
7) Does your business operate as a wholesale or retail entity?      Y or N What is your trade area? _____		
8) I certify that the business for which this account is being opened does not sell marijuana or CBD products.      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		

<b>COMMENTS</b>

- Basic Checking
- Regular Checking
- Super Now Account - *Only for DBA's*
- Money Market Account
- Savings Account
- Certificate of Deposit
- Safe Deposit Box - **Key Deposit \$** \_\_\_\_\_.

ACCOUNT / CD / BOX #	INITIALS
0	0

RISK ASSESSMENT MUST BE COMPLETED BY EMPLOYEE. IF THE BUSINESS FALLS INTO A HIGH RISK CUSTOMER CATEGORY - FOLLOW DUE DILIGENCE - REFER TO THE CIP POLICY.

Risk Assessment Rating:  Low       Medium       High