



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.

Table with 4 columns: THIS SECTION IS FOR BANK USE ONLY., REVISION (Yes/No), ACCOUNT / CD / BOX #, INITIALS

SECTION 1: Legal Business Name, TIN/EIN, Other Business Names, Physical Address, Mailing Address, Business Phone, Nature of Business or Profession, Business/Company Website

SECTION 2: Three signer sections (Signer #1, #2, #3) including fields for Existing Customer, US citizenship, DOB, SSN, Alias, Physical Address, Mailing Address, State DL/ID#, Issue Date, Expiration Date, Home/Cell/Work Phone, Employer, Occupation, and Email Address.

SECTION 3

PAYABLE ON DEATH BENEFICIARY (POD) - Only for Sole Proprietorship

POD #1: _____
POD #2: _____

DOB: _____
DOB: _____

SSN: _____
SSN: _____

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

SECTION 4

****NOTE - For Certificate of Deposit Accounts, answer ONLY Question 1. Section 4 DOES NOT apply to Safe Deposit Boxes.**

- 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

THE SECTION BELOW IS FOR BANK USE ONLY.

COMMENTS

| <input type="checkbox"/> Basic Checking <input type="checkbox"/> Regular Checking <input type="checkbox"/> Super Now Account - <i>Only for DBA's</i> <input type="checkbox"/> Money Market Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Safe Deposit Box - Key Deposit Obtained \$ _____ Annual Fee \$ _____ Account to debit# _____ CD Rate _____ CD Term _____ Interest for CDs - compound or deposit to account _____ If non SSB account, Routing # _____ Name of Bank _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">ACCOUNT / CD / BOX #</th> <th style="width: 20%;">INITIALS</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table> | ACCOUNT / CD / BOX # | INITIALS | | | | |
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