



## SECURITY STATE BANK BUSINESS 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</b> (if any): _____			
	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: _____	Position / Title in Entity: _____		
	<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</b> (if any): _____			
	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: _____	Position / Title in Entity: _____			
<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</b> (if any): _____				
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: _____	Position / Title in Entity: _____			

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

POD #1: _____	DOB: _____	SSN: _____
POD #2: _____	DOB: _____	SSN: _____

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

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

- 1) Source of initial deposit? \_\_\_\_\_ If CASH, what was the source: \_\_\_\_\_
- 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	

**COMMENTS**

- 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



ACCOUNT / CD / BOX #	INITIALS	DATE

**FOR BANK USE ONLY**

Type of Entity: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

State/County of Organization: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Authorization/Resolution Date: \_\_\_\_\_

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

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

Signer #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 Passport # _____ Exp. _____	<input type="checkbox"/> Property Tax Bill / Receipt Utility Bill # _____ Date: _____
<input type="checkbox"/> U.S. Alien Registration (Country: _____) # _____ Exp. _____	

Signer #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 Passport # _____ Exp. _____	<input type="checkbox"/> Property Tax Bill / Receipt Utility Bill # _____ Date: _____
<input type="checkbox"/> U.S. Alien Registration (Country: _____) # _____ Exp. _____	

Signer #3	
<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 Passport # _____ Exp. _____	<input type="checkbox"/> Property Tax Bill / Receipt Utility Bill # _____ Date: _____
<input type="checkbox"/> U.S. Alien Registration (Country: _____) # _____ Exp. _____	

**RESULTS OF NON-DOCUMENTARY VERIFICATION**

- |   |   |
|---|---|
| <input type="checkbox"/> ChexSystems Verification       | <input type="checkbox"/> Fraud / Bad Check Database Checked |
| <input type="checkbox"/> Credit Report Obtained         | <input type="checkbox"/> Reference Check                    |
| <input type="checkbox"/> Financial Statement            | <input type="checkbox"/> No Changes                         |
| <input type="checkbox"/> Existing Customer Since: _____ | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Logical Verification           | <input type="checkbox"/> Other: _____                       |

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: \_\_\_\_\_