



SECURITY STATE BANK PERSONAL 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).

IRA PLAN # <small>(Drop the first 3 of the Social and add 000 at the end)</small>	ACCOUNT / CD / BOX#	INITIALS

ACCOUNT REVISION

SECTION 1

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

Signer #1 DOB: _____ SSN: _____

Alias (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: _____

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

Signer #2 DOB: _____ SSN: _____

Alias (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: _____

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

Signer #3 DOB: _____ SSN: _____

Alias (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: _____

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

Signer #4 DOB: _____ SSN: _____

Alias (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: _____

SECTION 2

PAYABLE ON DEATH BENEFICIARY (POD) -- IF ANY

POD #1: _____ DOB: _____ SSN: _____

Mailing Address: _____ City / State / Zip Code: _____

State & DL / ID # _____ Issue Date: _____ Expiration Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Owner: _____

POD #2: _____ DOB: _____ SSN: _____

Mailing Address: _____ City / State / Zip Code: _____

State & DL / ID # _____ Issue Date: _____ Expiration Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Owner: _____

CONTACT PERSON

Someone who will know your whereabouts if we lose contact with you, preferably someone who does not reside in your household.

Name: _____

Mailing Address: _____ City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

SECTION 3	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) _____

SECTION 4	I HEREBY REPRESENT AND WARRANT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORIZE SECURITY STATE BANK AND ANY CREDIT BUREAU INVESTIGATION AGENCY TO INVESTIGATE THE ABOVE REFERENCED GIVEN TO SECURITY STATE BANK.	
	SIGNATURE: _____	DATE: _____
	SIGNATURE: _____	DATE: _____
	SIGNATURE: _____	DATE: _____
	SIGNATURE: _____	DATE: _____

OFFICE USE ONLY

FINAL REVIEW	SCANNED BY	DATE	ACCOUNT #	INITIALS

New Account Checklist

- Account Information Sheet
- * Internal use should contain account number and employee's initials. _____
- * Employer and occupation are required. _____
- * Customer's initials are required at the bottom right hand corner of the sheet. _____
- * Account application page is required. _____
- State Issued DL/ID/Passport
- * Obtain a VALID drivers license, ID or Passport for each signer. If the signer is a minor, a school ID can be used. _____
- W-9 / W-8BEN
- * Completed, signed and dated by the customer whose SSN is being used for the account. _____
- Horizon OFAC
- * OFAC check done on the Horizon system, printed and scanned in with other new account documents; OR through <https://sanctionssearch.ofac.treas.gov> on all customers. _____
- ChexSystems - Only needs to be pulled on new customers
- * Any failed items should have an explanation for the failure on the form. _____
- * If a charge off is present on the report, the account should NOT be opened without approval of an officer. _____
- Red Flag Report
- * Red Flag Report is completed on every new customer, printed and scanned into the system. _____
- Signature Card
- * Customer's initials are required in the "Ownership of Account" box beside the account description. _____
- * Additional terms should only contain any personal names as a POD and their DOB. _____
- Uniform Account Selection Form Notice
- * Description of Accounts should contain account type, account number and employee's initials. _____
- * The customer should only initial by the account type they selected on the left hand side of the form. _____
- * Customer's signature and date should be obtained on the last page of the form. _____
- ODP
- * "Opt In" or "Opt Out" form is signed by the customer. _____
- EFT Form
- * Signed on the last page by the customer. _____
- Debit Card Form
- * Signed on the last page by the customer. _____

COMMENTS - EXPLANATIONS AND/OR EXTRA INFORMATION

_____ Basic Checking _____ Regular Checking _____ Super Now Account _____ Money Market Account _____ Savings Account _____ Certificate of Deposit _____ Individual Retirement Account	IRA PLAN # <small>(Drop the first 3 of the Social and add 000 at the end)</small>	ACCOUNT / CD / BOX #	INITIALS

RISK ASSESSMENT MUST BE COMPLETED BY EMPLOYEE. IF RISK RATE IS MEDIUM OR HIGH THE BSA OFFICER AND / OR ASSISTANT MUST BE NOTIFIED.

Risk Assessment Rating: Low _____ Medium _____ High _____