



SECURITY STATE BANK CONSUMER 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).

THIS SECTION IS FOR BANK USE ONLY.	REVISION	IRA PLAN # <small>(Use the Customer Key #)</small>	ACCOUNT / CD / BOX#	INITIALS
	Yes ___ No ___			

SECTION 1

Existing Customer

Are you a US citizen? Yes or No If no, what country are you a citizen? _____
 I certify that I am not a foreign politically exposed person.(an elected official of a foreign country) Yes or No

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: _____ Convenience Signer (non-owner): Yes ___ No ___

Existing Customer

Are you a US citizen? Yes or No If no, what country are you a citizen? _____
 I certify that I am not a foreign politically exposed person.(an elected official of a foreign country) Yes or No

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: _____ Convenience Signer (non-owner): Yes ___ No ___

Existing Customer

Are you a US citizen? Yes or No If no, what country are you a citizen? _____
 I certify that I am not a foreign politically exposed person.(an elected official of a foreign country) Yes or No

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: _____ Convenience Signer (non-owner): Yes ___ No ___

Existing Customer

Are you a US citizen? Yes or No If no, what country are you a citizen? _____
 I certify that I am not a foreign politically exposed person.(an elected official of a foreign country) Yes or No

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: _____ Convenience Signer(non-owner): Yes ___ No ___

SECTION 2	PAYABLE ON DEATH BENEFICIARY (POD) -- IF ANY		
	<i>**NOTE - Section 2 DOES NOT apply to Safe Deposit Boxes</i>		
	POD #1: _____	DOB: _____	SSN: _____
	POD #2: _____	DOB: _____	SSN: _____
	POD #3: _____	DOB: _____	SSN: _____
CONTACT PERSON			
Someone who will know your whereabouts if we lose contact with you, preferably someone who does not reside in your household.			
Name: _____ Phone: _____			

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

SECTION 3	<i>**NOTE - For Certificate of Deposit and IRA Accounts, answer ONLY Question 1. Section 3 DOES NOT apply to Safe Deposit Boxes.</i>	
	1) Source of initial deposit? _____	
	2) Account Purpose and Expected Types of Account Activity (check all that apply):	
	_____ Regular / Routine Deposits	_____ ACH Withdrawals
	_____ Large Deposits	_____ Debit Card Usage
		_____ Wire Transfer
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: _____

THE SECTION BELOW IS FOR BANK USE ONLY.

COMMENTS

<input type="checkbox"/> Basic Checking	IRA PLAN # <small>(Use the Customer Key #)</small>	ACCOUNT / CD / BOX #	INITIALS
<input type="checkbox"/> Regular Checking			
<input type="checkbox"/> Super Now Account			
<input type="checkbox"/> Money Market Account			
<input type="checkbox"/> Savings Account			
<input type="checkbox"/> Certificate of Deposit			
<input type="checkbox"/> Individual Retirement Account			
Safe Deposit Box - Key Deposit Obtained \$ _____ Annual Fee \$ _____ Account to debit# _____			
CD/IRA Rate _____ CD/IRA Term _____			
Interest for CDs - compound or deposit to account _____			
If non SSB account, Routing # _____ Name of Bank _____			