



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).

IRA PLAN # <small>(This number is the Customer/SSN #)</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: _____ Convenience Signer: Yes _____ No _____

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: _____ Convenience Signer: Yes _____ No _____

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: _____ Convenience Signer: Yes _____ No _____

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: _____ Convenience Signer: 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: _____		Contact 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? _____ If CASH, what was the source: _____	
	2) Account Purpose and Expected Types of Account Activity (check all that apply):	
	_____ Regular / Routine Deposits	_____ ACH Withdrawals
	_____ 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	
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: _____

COMMENTS	

- Basic Checking
- Regular Checking
- Super Now Account
- Money Market Account
- Savings Account
- Certificate of Deposit
- Individual Retirement Account
- Safe Deposit Box - **Key Deposit Obtained \$** _____.

IRA PLAN # <small>(This number is the Customer/SSN #)</small>	ACCOUNT / CD / BOX #	INITIALS

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ACCOUNT / CD / BOX #	INITIALS	DATE

FOR BANK USE ONLY

Verify identity by making a copy of the provided ID. Make a copy of the Social Security Card if the customer carries the card with them. If not, please complete and execute a W-9 and have the customer sign it.

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

Signer #1	
<input type="checkbox"/> State Driver's License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> State I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Military I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Student I.D. Card	
<input type="checkbox"/> Passport	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> U.S. Alien Registration (Country: _____)	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Firearms License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Voter Registration Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Property Tax Bill / Receipt	
<input type="checkbox"/> Utility Bill	
<input type="checkbox"/> # _____ Date: _____	
<input type="checkbox"/> W-9	

Signer #2	
<input type="checkbox"/> State Driver's License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> State I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Military I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Student I.D. Card	
<input type="checkbox"/> Passport	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> U.S. Alien Registration (Country: _____)	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Firearms License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Voter Registration Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Property Tax Bill / Receipt	
<input type="checkbox"/> Utility Bill	
<input type="checkbox"/> # _____ Date: _____	
<input type="checkbox"/> W-9	

Signer #3	
<input type="checkbox"/> State Driver's License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> State I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Military I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Student I.D. Card	
<input type="checkbox"/> Passport	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> U.S. Alien Registration (Country: _____)	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Firearms License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Voter Registration Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Property Tax Bill / Receipt	
<input type="checkbox"/> Utility Bill	
<input type="checkbox"/> # _____ Date: _____	
<input type="checkbox"/> W-9	

Signer #4	
<input type="checkbox"/> State Driver's License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> State I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Military I.D. Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Student I.D. Card	
<input type="checkbox"/> Passport	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> U.S. Alien Registration (Country: _____)	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Firearms License	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Voter Registration Card	
<input type="checkbox"/> # _____ Exp. _____	
<input type="checkbox"/> Property Tax Bill / Receipt	
<input type="checkbox"/> Utility Bill	
<input type="checkbox"/> # _____ Date: _____	
<input type="checkbox"/> W-9	

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"/> OFAC |
| <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: _____