



## SECURITY STATE BANK PERSONAL / BUSINESS NEW ACCOUNT INFORMATION FORM



### 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). \*\*\*If you are opening a Business Account, all Supporting Company documentation will also need to be presented to our New Account Personnel. Business Accounts documentation will need to be submitted to our compliance officer for approval prior to opening the account.

- ACCOUNT REVISION
- PERSONAL - Please complete Sections 2, 3, 4 & 5
- BUSINESS - Please complete Sections 1, 2, 5 & 6

ACCOUNT #	INITIALS

**SECTION 1**

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 : \_\_\_\_\_

**SECTION 2**

Existing Customer  
**Signer #1**  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 State DL / ID# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Other ID / Type and # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Existing Customer  
**Signer #2**  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 State DL / ID# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Other ID / Type and # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Existing Customer  
**Signer #3**  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 State DL / ID# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Other ID / Type and # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Existing Customer  
**Signer #4**  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_  
 State DL / ID# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Other ID / Type and # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

SECTION 3	<b>PAYABLE ON DEATH BENEFICIARY (POD) -- IF ANY</b>		
	POD: _____	DOB: _____	SSN: _____
	Mailing Address: _____	City / State / Zip Code: _____	
	State & DL / ID # _____	Issue Date: _____	Expiration Date: _____
	Home Phone: _____	Cell Phone: _____	Work Phone: _____
Relationship to Owner: _____			
<b>CONTACT PERSON</b>			
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: _____	

SECTION 4	<b>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.</b>	
	SIGNATURE: _____	DATE: _____
	SIGNATURE: _____	DATE: _____
	SIGNATURE: _____	DATE: _____
	SIGNATURE: _____	DATE: _____

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

SECTION 5	1) Source of initial deposit? _____
	2) Account Purpose and Expected Types of Account Activity (check all that apply): <input type="checkbox"/> Regular / Routine Deposits <input type="checkbox"/> ACH Withdrawals <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Large Deposits <input type="checkbox"/> Debit Card Usage
	3) Expected Monthly "CURRENCY" Volume. (This DOES NOT INCLUDE checks to be deposited.) <input type="checkbox"/> under \$3,000 <input type="checkbox"/> \$3,000 to \$9,000 <input type="checkbox"/> over \$9,000
	4) Estimated Wire Transfer Activity: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally Expected Number _____ / \$ Volume _____ / Foreign Country (incoming /outgoing) _____

SECTION 6	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? <span style="float: right;">Y or N</span> If Yes, will by you cash checks greater than \$1,000.00? <span style="float: right;">Y or N</span>	
	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. <span style="float: right;">Y or N</span>	
	Do you and/or your business own and/or operate your own ATM? <span style="float: right;">Y or N</span> Do/Will you sell money orders? <span style="float: right;">Y or N</span> Do/Will you sell traveler's checks? <span style="float: right;">Y or N</span> Do/Will you sell stored value cards? <span style="float: right;">Y or N</span> Is your organization in any way involved with internet gambling activities? <span style="float: right;">Y or N</span>	
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		

OFFICE USE ONLY	
_____ Basic Checking	_____ OFAC - Checked for Individual(s)
_____ Regular Checking	_____ OFAC - Checked for Business
_____ Super Now Account	
_____ Money Market Account	
_____ Savings Account	
_____ Certificate of Deposit	
_____	_____
ACCOUNT #	INITIALS

**RISK ASSESSMENT MUST BE COMPLETED BY EMPLOYEE. IF RISK RATE IS MEDIUM OR HIGH THE BSA OFFICER AND / OR ASSISTANT MUST BE NOTIFIED. IF A BUSINESS FALLS INTO A HIGH RISK CUSTOMER CATEGORY - FOLLOW DUE DILIGENCE - REFER TO THE CIP POLICY.**

Risk Assessment Rating: Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_