

SECURITY STATE BANK
New Account Information Form – Personal DDA/Savings Deposit Account

**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.

Primary Name _____ DOB _____ SSN _____
Mailing _____ Physical _____
Address _____ Address _____

Driver's License # and State _____ Issue Date _____ Home Ph # _____
Work Ph # _____ Email _____ Cell Ph # _____
Employer _____ Occupation _____
Length of Employment _____ Current Accounts with SSB? _____ Previous Bank _____

Secondary Name _____ DOB _____ SSN _____
Mailing _____ Physical _____
Address _____ Address _____

Driver's License # and State _____ Issue Date _____ Home Ph # _____
Work Ph # _____ Email _____ Cell Ph # _____
Employer _____ Occupation _____
Length of Employment _____ Current accounts with SSB? _____ Previous Bank _____

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

1. Source of initial deposit? _____
2. Account Purpose and Expected Types of Account Activity (check all that apply):
Personal _____ Business _____ Other _____ Regular/Routine Deposits _____
Large Deposits _____ ACH Withdrawals _____ Debit Card Usage _____
Wire Transfers _____ Money Service Business (check casher) _____
3. Expected Monthly Cash Volume (deposits or withdrawals):
under \$3,000 _____ \$3,000 to \$9,000 _____ over \$9,000 _____
4. Estimated Wire Transfer Activity:
Expected Weekly Number _____ \$ Volume _____ Foreign Country(incoming/outgoing) _____

Customer Name _____ (Please print)

_____ Date

Customer Signature _____