New Account Opening Form (Individual)

☐ Add/Change Signer

Account Type Opened					
7	Пст		. 44		
☐ Checking - account #					
☐ Savings - account # ☐ HSA - account #		A - accour	11 #		
☐ HSA - account # ☐ Money Market - account #					
a Money Market - account #					
Primary Account Owner			_SS#		
Address			City, St	ate, Zip	
Home Phone		Cell Phor	ıe		
Existing Customer Yes No	U.S. Citizen 🗖 Yes 🗖 N	0		Date of Birth:	
Occupation:	Employer:				
(If you are retired or unemployed					
2 2					
Secondary Account Owner/Signer			SS#		
Existing Customer Yes No	U.S. Citizen 🗖 Yes 🗖 N	О		Date of Birth:	<u>.</u>
Occupation:	Employer:				
(If you are retired or unemployed,	- ·				
Fill in remainder of box for secondary accou	nt owner/signer only.	1			
Physical Address:					
County:	Home Phon	ne:			
Work Phone:	Cell Phone	<u> </u>			
This section is not required for existing busine	ss owners or business signe	ers;			
or CD, HSA, IRA accounts					
What brought you to Bank?					
☐ Already have relationship with bank		☐ Locati	on		
☐ Product		☐ Dissat	isfied wi	th current bank	
☐ Relationship with banker		☐ Other			·
What other banks do you have accounts with	?				
How often will you make deposits?	D 337 11				
☐ Every day ☐ Couple times a week	☐ Weekly☐ Couple times a month			☐ Once a month☐ Other	
	Couple times a month			U Other	
Do you/will you have any automatic:					
Deposits?		☐ Yes ☐ Yes	□ No		
Withdrawals?	(0.0)	u i es	□ No		
Do you/will you make a lot of large (over \$30	(00)		D.M.		
deposits or withdrawals? If yes, please explain:		☐ Yes	☐ No		
Do you plan to conduct wire transfers throug	h this account(s)?	☐ Yes	□ No		
If yes, estimated frequency is:		•		•	☐ Occasionally
If yes, estimated amount of wire transfers a	re:	☐ Under			
If yes, wire transfers will be:	11.0 10	□ Dome		☐ Foreign	□ Both
Do you/will you use a bank-issued ATM or D	ebit Card?	☐ Yes	□ No		
Do you/will you use Online Banking?		☐ Yes	□ No	Email address:	
Do you/will you use Bill Pay?		☐ Yes ☐ Yes	□ No		
Do you/will you use ACH? Do you /will you use Mobile Banking?		☐ Yes			
Lo jon in mi jon uso middio Dunning.					

Will any financial transactions affecting this account	ı
originate or have a destination outside the U.S.?	

If yes, indicate countries and explain:

	***	* FOR BANK USE ONLY ****
Opened by:	Date:	
Source of Funds:	☐ Cash	
Source of Fullus:	☐ Check	From Drawee Bank:
		110m Diawee Bank.
	☐ Internal Transfer	P.
	□ Wire	From:
	☐ Other	
Primary Account Ow	<u>ner</u>	
Identification Docum	entary Methods Used: <u>Requ</u>	uired for Non-Existing Customers
Primary ID - One of th	e Following:	
☐ Drivers Licens	_	☐ Military ID (Do not photocopy, just record info below.)
☐ State ID Card		☐ Other Government Issued ID
☐ Passport		☐ Other
Secondary ID - Two of	the Following: (Only require	
☐ Social Security	y Card	☐ Alien Registraion Card
Birth Cirtificat	e	☐ Medicare/Medicaid Card for elderly (62+) individuals
☐ State-Issued L	icence or Registration	☐ Other
☐ Scan copy of ID	used for CIP	
Non-Documentary M	ethode Used•	
☐ ID Verification - <u>re</u>		☐ ChexSystems
☐ Other		a cheabystems
- Other		
Secondary Account [☐ Owner ☐ Signer ☐ PO	<u>A</u>
Identification Docum	entary Methods Used: <i>Regi</i>	uired for Non-Existing Customers
Primary ID - One of th	-	<u></u>
☐ Drivers Licens	ē	☐ Military ID (Do not photocopy, just record info below.)
☐ State ID Card		☐ Other Government Issued ID
		Other
☐ Passport		
☐ Passport Secondary ID - Two of	the Following: (Only require	ed if NO primary ID)
Secondary ID - Two of	the Following: (Only require Card	1 · · ·
Secondary ID - Two of Social Security	y Card	☐ Alien Registraion Card
Secondary ID - Two of Social Security Birth Cirtificat	y Card se	☐ Alien Registraion Card☐ Medicare/Medicaid Card for elderly (62+) individuals
Secondary ID - Two of Social Security Birth Cirtificat	y Card te icence or Registration	☐ Alien Registraion Card
Secondary ID - Two of Social Security Birth Cirtificat State-Issued L	y Card te icence or Registration	☐ Alien Registraion Card☐ Medicare/Medicaid Card for elderly (62+) individuals
Secondary ID - Two of Social Security Birth Cirtificat State-Issued L	y Card the cicence or Registration the used for CIP	☐ Alien Registraion Card☐ Medicare/Medicaid Card for elderly (62+) individuals
Secondary ID - Two of Social Security Birth Cirtificat State-Issued L Scan copy of ID	y Card te ticence or Registration te ticence or Registration te thods Used:	☐ Alien Registraion Card☐ Medicare/Medicaid Card for elderly (62+) individuals
Secondary ID - Two of Social Security Birth Cirtificat State-Issued L Scan copy of ID Non-Documentary M	y Card re ricence or Registration re	☐ Alien Registraion Card ☐ Medicare/Medicaid Card for elderly (62+) individuals ☐ Other
Secondary ID - Two of Social Security Birth Cirtificat State-Issued L Scan copy of ID Non-Documentary M ID Verification - re	y Card re ricence or Registration re	☐ Alien Registraion Card ☐ Medicare/Medicaid Card for elderly (62+) individuals ☐ Other
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Reviewed by: _____ Date: _____ Non-existing Customer Risk Rating: _____

☐ Yes

□ No