

New Account Opening Form (Non-Individual)

Account Type Opened

- | | |
|---|--|
| <input type="checkbox"/> Checking - account # _____ | <input type="checkbox"/> CD - account # _____ |
| <input type="checkbox"/> Savings - account # _____ | <input type="checkbox"/> IRA - account # _____ |
| <input type="checkbox"/> HSA - account # _____ | |
| <input type="checkbox"/> Money Market - account # _____ | |

Name of Entity _____ **Tax ID #** _____

Address: _____ **City, State, Zip** _____

Phone #: _____ **Mobile Phone #:** _____

Existing Customer Yes No _____ Date Entity Established: _____

Signer Information – Name(s) & Title(s)

Name: _____ **Title:** _____

Existing Customer Yes No _____ U.S. Citizen Yes No _____ SS# _____

Name: _____ **Title:** _____

Existing Customer Yes No _____ U.S. Citizen Yes No _____ SS# _____

Name: _____ **Title:** _____

Existing Customer Yes No _____ U.S. Citizen Yes No _____ SS# _____

What brought you to Bank?

- | | |
|--|---|
| <input type="checkbox"/> Already have relationship with bank | <input type="checkbox"/> Location |
| <input type="checkbox"/> Product | <input type="checkbox"/> Dissatisfied with current bank |
| <input type="checkbox"/> Relationship with banker | <input type="checkbox"/> Other _____ |

What type of business is this? (If no options apply, select other and explain.)

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Investment Advisor |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Leather Goods Store |
| <input type="checkbox"/> Auctioneering | <input type="checkbox"/> Non-Government Organization and Charity |
| <input type="checkbox"/> Auto, Boat, Farm Equipment, Recreational Vehicle Dealer | <input type="checkbox"/> Pawn Shop or Jewel, Gem and Precious Metal Dealer |
| <input type="checkbox"/> Cash-intensive Business (such as Convenience Store, Restaurant, Retail Store, Parking Garage) | <input type="checkbox"/> Real Estate Broker |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Scrap Metal Dealer |
| <input type="checkbox"/> Gaming (gambling) | <input type="checkbox"/> Securities Broker/Dealer |
| | <input type="checkbox"/> Travel Agency |
| | <input type="checkbox"/> Other _____ |

What other banks do you have accounts with? _____

Do you have offices in other cities? Yes No **If so, list here:** _____

What is purpose of the new account(s)?

- Payroll Operating Account Other _____

How often will you make deposits?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Weekly | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Couple times a week | <input type="checkbox"/> Couple times a month | <input type="checkbox"/> Other _____ |

Do you/will you have any automatic:

- | | |
|--------------|--|
| Deposits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Withdrawals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you/will you make cash deposits?

- | |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, estimated frequency is: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| If yes, estimated average amount of cash deposits are: <input type="checkbox"/> Under \$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> over \$10,000 |

Do you/will you make cash withdrawals?

- | |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, estimated frequency is: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| If yes, estimated average amount of cash withdrawals are: <input type="checkbox"/> Under \$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> over \$10,000 |

Do you plan to conduct wire transfers through this account(s)?

- | |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, estimated frequency is: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| If yes, estimated amount of wire transfers are: <input type="checkbox"/> Under \$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> over \$10,000 |
| If yes, wire transfers are: <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> Both |

Do you/will you use a bank-issued ATM or Debit Card? Yes No (over)
 Do you/will you use Online Banking? Yes No If yes, complete Netteller Work Order
 Do you/will you use Bill Pay? Yes No
 Do you/will you use ACH? Yes No
 Do you/will you use Mobile Banking? Yes No
 Do you/will you use Cash Management? Yes No
 Do you/will you accept credit card transactions at your business? Yes No

Does your business routinely conduct transactions with foreign companies or countries? Yes No
 If yes, indicate companies or countries: _____

Is your company publicly traded on a major exchange? Yes No

Do you have a proprietary ATM installed on your premises? Yes No
 If yes, indicate who services this machine: _____
 Approximate cash needed weekly/monthly from [_____] Bank: _____

Money Services Activities

Do you/will you perform wire/money transfer services in any amount for your customers (i.e. Western Union)? Yes No
 Do you/will you cash checks for your customers in amounts greater than \$1,000.00 for any person on any day in one or more transactions? Yes No
 Are you/will you be the issuer of traveler's checks, money orders, or prepaid access or gift cards for customers in amounts greater than \$1,000.00 for any person on any day in one or more transactions? Yes No
 Are you/will you be the seller or redeemer of traveler's checks, money orders, or stored value cards for your customers in amounts greater than \$1,000.00 for any person on any day in one or more transactions? Yes No

Required for all new accounts. Business owners or managers must sign the disclosure:

You may not use your account or any other financial service we provide for any restricted transaction or illegal purpose, including the origination, receipt, or processing of illegal Internet gambling transactions. We are required by Federal law to ask; is your business involved in internet gambling? Yes No

I certify that (business name) _____ does not engage in any **illegal** internet gambling and this account(s) will not be used for that purpose.

Owner or Manager Signature: _____ Date: _____

Printed Name: _____

***** FOR BANK USE ONLY *****

Opened by: _____ Date: _____

***If YES is selected for any question in the Money Services section, a MSB Form must be completed for any entity.**
***If any signers are non-existing, attach an individual form(s) for non-existing customer(s) and scan copy of the ID used.**

Source of Funds: Cash
 Check Drawee Bank _____
 Internal Transfer
 Wire From _____
 Other _____

Identification Documentary Methods Used: Required for Non-Existing Entity

Articles of Incorporation Issued by: _____ Issued Date: _____
 Partnership Agreement: Date: _____
 Trust Agreement: Date: _____
 Certificate of Existence Issued Date: _____
 Other (describe): _____

Non-Documentary Methods Used:

ID Verification - **required** ChexSystems

Reviewed by: _____ Date: _____ Non-existing Customer Risk Rating: _____