

| | Customer Name(s) | SSN/EIN* | DOB ¹ | Pers-Bus | Exist-New | Own-Sign | Home Phn. | Work Phn. |
|---|------------------|----------|------------------|--------------------------|--------------------------|--------------------------|-----------|-----------|
| 1 | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 2 | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 3 | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 4 | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| 5 | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

| | Current Physical Address ³ | * Get all W-9's How Long? | 1) Date of Birth or Date of Business Previous Address ² | Mailing Address, if different |
|---|---------------------------------------|------------------------------|---|-------------------------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |

3) If none, use next of kin or another individual. 2) If at Current Physical Address < 2 years.

| | Current Employer | Empl. Phone | How Long? | Previous Employer ³ | Prev. Empl. Phone |
|---|------------------|-------------|-----------|--------------------------------|-------------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ |

3) If with Current Employer < 2 years.

| | Previous Bank's Name & Address | Bus. Only: Suppliers References | Bus. Only: Customer References |
|---|--------------------------------|---------------------------------|--------------------------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

Personal Identification Credentials (at least 1 Primary & 1 Secondary)

Primary Identification Presented – If none, provide reason: Cust# _____ Elderly Amish Youth Other: _____

| | Drivers License #.....State & Expiration Date ⁴ | US Armed Forces ID# | Federal Government ID# | Passport # |
|---|--|---------------------|------------------------|------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |

4) If expired > 30 days, not acceptable.
Secondary Identification Presented

| | Birth Certificate | Voters Reg. | State/Local Govt. | Auto. Reg. | Union Card | Credit Card | Orig. Draft Reg. |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Business Identification Documents (at least 1)

| | Corp. Resolution | Partner Agmt. | LLC | Sole Prop. Agrmt. | Bus. Lic. | Nature of Business |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

ID Verification: Credit Bureau ChexSystems None, Existing customer previously verified and identity known.
Other ID Verification: Mailed a Thank You Telephone call Curr./Prev. Employer Bus. References Prev. Bank

Note Inconsistencies: _____ Resolution: _____
Customer name checked against OFAC control list: Credit Bureau ChexSystems Internal By _____ Date _____

Completed By: _____ Date: _____ (within 10 business days of account opening) BSA Review? Y / N (circle one)
Officer Approval(required if no Primary ID): _____ Date: _____