

ACCOUNT # \_\_\_\_\_

## CUSTOMER INFORMATION AND RISK PROFILE

(Complete one profile for each individual / business on the account)

### CUSTOMER INFORMATION:

ACCOUNT OWNER / SIGNER NAME:	
DATE OF BIRTH:	
S.S.N. # / TAX ID (for business)	
STREET ADDRESS:	

ESTIMATE MONTHLY CASH DEPOSITS:	\$
DIRECT DEPOSITS?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain
WIRE TRANSFERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain
PHONE #:	

### INDIVIDUAL IDENTIFICATION (Attach a copy of the following):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> STATE DRIVERS LICENSE | <input type="checkbox"/> MILITARY ID CARD | <input type="checkbox"/> U.S. ALIEN REGISTRATION CARD |
| <input type="checkbox"/> STATE ID CARD         | <input type="checkbox"/> PASSPORT         | <input type="checkbox"/> OTHER _____                  |

### BUSINESS / IDENTIFICATION (Attach a copy of the following):

**Business Type:** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> TRUST AGREEMENT                 | <input type="checkbox"/> BUSINESS LICENSE          | <input type="checkbox"/> CERTIFICATE OF STATUS |
| <input type="checkbox"/> ESTATE / GUARDIANSHIP AGREEMENT | <input type="checkbox"/> PARTNERSHIP AGREEMENT     | <input type="checkbox"/> OTHER _____           |
| <input type="checkbox"/> FICTITIOUS NAME REGISTRATION    | <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> OTHER _____           |

- |   |   |   |
|---|---|---|
| CHECK CASHING? <input type="checkbox"/> YES <input type="checkbox"/> NO | LOTTERY? <input type="checkbox"/> YES <input type="checkbox"/> NO | MONEY TRANSFERS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MONEY ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |   |

### NON-DOCUMENTARY VERIFICATION (Attach a copy of the following):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CHEX SYSTEMS        | <input type="checkbox"/> CHECKPOINT    | <input type="checkbox"/> REFERENCE CHECK |
| <input type="checkbox"/> WELCOME CARD SENT   | <input type="checkbox"/> CREDIT REPORT | <input type="checkbox"/> OTHER _____     |
| <input type="checkbox"/> FINANCIAL STATEMENT | <input type="checkbox"/> UTILITY BILL  | <input type="checkbox"/> OTHER _____     |

### COMPARISON WITH LISTS (such as the OFAC list) (Attach a copy of the checking software result):

Does the customer's name appear on any government list?  NO  YES

If YES, please explain circumstances. \_\_\_\_\_

### ACCOUNT OWNER / SIGNER RISK ASSESSMENT

(Assess the Business / Individual according to the risk assessment below. You will only need to input the code for the HIGH risk customers under the USER DEFINED SECTION IN CIF):

<input type="checkbox"/> 001 = LOW RISK	<input type="checkbox"/> 002 = HIGH RISK
	Internet / Mail Account Opening
	Check Cashing, Gas Station, Retail Business, Leather Goods, Dealerships, Travel Agencies, Brokers, Jewelry Dealer, Lawyers, Accountants, Investment Brokers, Ship Bus Plane Operators (Refer to the BSA Policy for a complete list)

COMMENTS:

CSR INITIALS \_\_\_\_\_ Date \_\_\_\_\_