

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 \_\_\_\_\_