

**FIRST SECURITY BANK
ACCOUNT APPLICATION**

Updated & Reviewed: _____

**INDIVIDUAL/CONSUMER ACCOUNT
INCLUDING SOLE PROPRIETORSHIP**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO ACCOUNT OPENING!!

*Legal Name (*Last, First, Middle*): _____

*Name of Business (D/B/A): _____
(If you are a DBA, must provide us with a copy of your assumed name filing before the account can be opened)

*Residential Address: _____

*Does Address Match Primary I.D.? _____ YES _____ NO (If answered NO, explain below)

*Business Address (if different): _____

*Proximity to Bank (Business and/or Residence) _____

*Mailing Address (if different) _____

*Previous address (*if less than 2 years at current address/Primary ID does not match current address*) _____

*Home Phone _____ Cell Phone _____ Email _____

*Date of Birth ____ / ____ / ____ City and State of birth _____

*U.S. Person - SS # _____ DL _____ Exp _____
ST Number

*Non U.S. Person - *provide one or more of the following:*

Tax payer ID # _____ Alien ID card # _____

Passport # _____ Country of Issuance _____

Other _____
(*Must be government issued, evidence nationality or residence and bear current photograph or similar safeguard*)

*Type of Business or Profession _____
(If business falls into HIGH RISK customer category – follow due diligence – Refer to CIP Policy)

Source of Funds & Wealth (if over \$10K cash) _____

Current Employer _____ Phone _____

Prior banking relationships _____
Bank Name City/State

Bank Name City/State

Nearest Relative not living with you:
Name _____ Relation: _____

Address _____ City/St _____ Phone # _____

Referred By _____ Mother's maiden name _____

As a full service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity - (Estimate based on a one month statement)

<i>Deposits</i>	Number	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All	
<i>Withdrawals</i>	Number	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All	
<i>Wire Activity (Incoming)</i>	Number	Average \$Amount	Source
<i>Wire Activity (Outgoing)</i>	Number	Average \$Amount	Source
<i>ATM Activity</i>	Number	<input type="checkbox"/> Local Usage <input type="checkbox"/> Statewide Usage <input type="checkbox"/> Both	
<i>International Transactions</i>	Number	Average \$Amount	Source: Incoming/Outgoing

The above Anticipated Account Activity Chart DOES NOT apply as this account application is for a LOAN PRODUCT that does not allow withdrawals_____.

If the account applicant is a sole proprietorship:

DETERMINE WHETHER THE BUSINESS IS A “MONEY SERVICE BUSINESS” (MSB):

Is this business involved in any of the following: (Circle all that apply)

1. Currency dealer or currency exchange
2. Check Cashing
3. Issuer of Traveler’s Checks, Money Orders or Stored Value Cards
4. Seller or Redeemer of Traveler’s Checks, Money Orders or Stored Value Cards
5. Money Transmitter (Courier, Wires)

If any of the above are circled, does the business engage in transaction greater than \$1,000.00 for any person on any day in one or more transactions? Yes or No (Circle One)

If Yes, this business is considered a Money Service Business and must be registered. Please provide a copy of the MSB Registration and list the state and country the business is registered:_____

And perform a Risk Assessment! (Please refer to Policy and contact Compliance Officer)

OR

I certify that the business for which this account is being opened, is NOT a Money Service Business_____ (Place an X on the line above and sign below)

By signing this document, I authorize First Security Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First Security Bank products and services requested by me and that it will remain in force for the duration of my association.

Do you own and/or operate an Internet Casino or Online Gambling Establishment. YES / NO (Circle One)

Do you own and/or operate Video Gaming Terminals. YES / NO (Circle One)

I certify that the information provided by me is true and correct to the best of my belief.

Customer Signature

Date

ACCOUNT OPENERS!!

ATTENTION!!

ATTENTION!!

ALL PAGES MUST BE FILLED OUT IN THEIR ENTIRETY!!!!

The identity of all signatories who have control and/or authority over the account must be verified in accordance with the requirements of "Personal Account Opened with Customer Present" (i.e., name, address, tax ID/SSN, telephone number, occupation, etc). **HAVE ALL SIGNATORIES FILL OUR THE INDIVIDUAL/CONSUMER ACCOUNT APPLICATION IN ITS ENTIRETY!!**

For Bank Use Only
CIF WORKSHEET

<i>Customer Status (must check one of these 3)</i>		
New Customer	Existing Customer Exempt Relationship < 12 mos. Opening Additional Account	Existing Customer Exempt CIF Review Relationship > 12 mos.
<input type="checkbox"/> No current relationship w/ bank	<input type="checkbox"/> Contact at physical address verified <input type="checkbox"/> Evidence of prior documentation verified	<input type="checkbox"/> CIF info reviewed (No chg) <input type="checkbox"/> CIF info reviewed (Updated)

Documentary Verification
(Check at least 2 (two), one (1) of which MUST be a Primary ID. Attach photocopies of each item checked (IF USING ACRECIT CARD AS ID VERIFICATION-BLACK OUT ACCOUNT NUMBER ON COPY!!))

Primary	Secondary
<input type="checkbox"/> Drivers License <input type="checkbox"/> State issued ID card <input type="checkbox"/> Military ID card <input type="checkbox"/> Passport <input type="checkbox"/> U.S. alien registration card <input type="checkbox"/> Resident Alien Card ALL ID CARDS (PRIMARY/SECONDARY) MUST BE CURRENT! DO NOT ACCEPT EXPIRED ID CARDS!!	<input type="checkbox"/> Social Security card <input type="checkbox"/> Firearm Owner ID Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Insurance or Prescription Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Student ID <input type="checkbox"/> Employer Identification Card <input type="checkbox"/> Filed Marriage Certificate <input type="checkbox"/> Library Card <input type="checkbox"/> Birth Certificate (minor child)

Additional Documentary Verification/Non-Documentary Verifications

Attach evidence of verification performed. If unable to provide evidence, attach a "CIF Non-Documentary Verification Report".

- Consumer report Date _____ By _____ *(required for loans)*
- Consumer report Date _____ By _____ *(required for checking/saving, etc)*
KCB Bank History Rpt.
- ID Flag verification Date _____ By _____
- Other – OFAC CLEAR? YES/NO (CIRCLE ONE) Date _____ By _____
- Sole Proprietorship Resolution of Authority (Attach)

√ If matched without discrepancy during verification. <input type="checkbox"/> Legal Name <input type="checkbox"/> Physical Addr <input type="checkbox"/> DOB <input type="checkbox"/> Govt. ID #		
<input type="checkbox"/> Exempt – Update Only	Discrepancies/ Resolution	<input type="checkbox"/> Non-Exempt - Discrepancy

For **exempt** customers, note any information updated INCLUDING CHANGES IN ACCOUNT ACTIVITY. For **non-exempt** customers, note any required information provided that did not match that obtained from documents or non-documentary source. Indicate the reason and how it was resolved.

CIF Completed By: _____ Date: _____
 Reviewed By: _____ Date: _____
 CIF Updated By: _____ Date: _____ Input Reviewed By: _____ Date: _____