

Employee _____
Date _____
Account # (s) _____

New OR Updating OR Additional

FIRST SECURITY BANK
BUSINESS ACCOUNT APPLICATION
THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO ACCOUNT OPENING

- ASSOCIATION
- SOLE PROPRIETOR
- CORPORATION
- PARTNERSHIP
- LLC
- BUSINESS TRUST

Name of Business: _____

Physical Address of Business: _____

Previous Physical Address (if less than 2 years at current address) _____

Mailing Address of Business if Different: _____

Does Business Address given match other documentation? _____ YES _____ NO (If answered NO, explain below)

Tax ID #: _____

Business Phone Number/Primary Contact: _____

Business Website Address: _____

Email Address of Business Principal: _____

Name/Title of all Signers on Business Account: _____

The identity of all signatories who have control and/or authority over the business account must be verified in accordance with the requirements of "Personal Account Opened with Customer Present" **HAVE ALL SIGNERS FILL OUT THE INDIVIDUAL CUSTOMER IDENTIFICATION FORM IF NOT CURRENT CUSTOMER**

- Obtain the following documents for Business Deposit Accounts:
 1. Articles of Incorporation
 2. Board resolution authorizing the opening of the new account.
 3. Assumed Name Filing, if account is to be opened in a name other than that shown on the Articles of Incorporation

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:

X _____

DO YOU OWN/OPERATE AN INTERNET GAMBLING CASINO OR GAMBLING ESTABLISHMENT? CIRCLE: YES or NO

- Obtain the following documents for Loan Accounts:
 1. Articles of Incorporation
 2. Board resolution authorizing the opening of the new account. (Borrowing Resolution)
 3. Assumed Name Filing, if account is to be opened in a name other than that shown on the Articles of Incorporation
 4. Most recent balance sheet and income statement, unless company is newly formed. This can be waived if customer has an existing relationship with the bank

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 _____.

Account Purpose _____

Primary Trade Area _____

Source of Funds & Wealth _____

Beneficial Owner/s of Account _____

Proximity of Business Operations to Bank: _____

OBTAIN THE FOLLOWING DOCUMENTS FOR HIGH RISK ACCOUNTS:

1. Articles of Incorporation
2. Board resolution authorizing the opening of the new account.
3. Assumed Name Filing, if account is to be opened in a name other than that shown on the Articles of Incorporation
4. Letter of reference from prior bank, unless company is newly formed.
5. Most recent balance sheet and income statement, unless company is newly formed. This can be waived if customer has an existing relationship with the bank.
6. Last three (3) bank statements, unless company is newly formed. This can be waived if customer has an existing relationship with the bank.
7. Description of business operations/principal line of business, anticipated volume of currency (see below), total sales, major customers and suppliers. (Please obtain a short written narrative).

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.

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

Customer Signature/Title Date Customer Signature/Title Date

Customer Signature/Title Date Customer Signature/Title Date

FIRST SECURITY BANK – ATM SURVEY

Name & Address of Business _____

Completed By _____

Please Select One:

Do you own or lease an ATM that **you** maintain? If the answer is yes, please complete Section 1.
Is space in the business leased to a third party who owns and maintains the ATM? If the answer is yes, please complete Section 2.
There is no ATM located in your business, or any businesses that maintain accounts with First Security Bank. Please complete Section 3.

o **Section 1**

Do you own or lease the ATM located on your premises? YES/NO

Address and location of ATM _____

Do you own or lease multiple ATMs? YES/NO (please complete a separate survey for each location)

Do you fill your ATM? YES/NO Is the ATM filled by a third party company? YES/NO

Name of the Company or Armored Car Service that fills ATM. _____

Please include a copy of the contact with the company that fills the ATM.

How much currency do you use to fill the ATM weekly? _____

How much currency is withdrawn from the ATM weekly? _____

Does the ATM dispense U.S. currency?

o **Section 2**

Address and location of ATM _____

Name of the Company that leases the space in your business _____

Does the Company lease space in more than one location? YES/NO (please complete a separate survey for each location)

Please include a copy of the Lease Agreement. The agreement must include the name, contact information, phone number & address of the lessor.

Is the ATM filled by you? YES/NO

Name of the Company or Armored Car Service that fills ATM. _____

Does the ATM dispense U.S. currency?

o **Section 3**

I certify that I do not own or lease an ATM that I maintain. I certify that I do not lease space within my business to a third party, who maintains an ATM on my property. I certify that there are no ATMs located within my business or on my business property: **X** _____

Signature

Date

By signing this I certify that the information I have completed is true and correct. I understand that if it is determined that information on the form is not true and correct, that my account with First Security Bank may be closed.

Signature _____ Printed Name _____ Date _____

Customer Identification Form
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/high risk account)*
- Corporate/LLC Search/Certificate of Good Standing Date _____ By _____
www.cyberdriveillinois.com – business services – online filings
(Required for all business accounts)
- ID Flag verification Date _____ By _____
- Other – OFAC CLEAR? YES/NO (CIRCLE ONE) Date _____ By _____

If matched without discrepancy during verification. Legal Name Physical Addr Other (Art. Corp, Ass'd Name)

<input type="checkbox"/> Exempt – Update Only	<i>Discrepancies/ Resolution</i>	<input type="checkbox"/> Non-Exempt - Discrepancy
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For exempt customers, note any information updated SUCH AS CHANGES IN ACCOUNT ACTIVITY, IF ANY. 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: _____