

# CONSUMER ACCOUNT APPLICATION & QUESTIONNAIRE

Individual – Joint

Please Print:

Date: \_\_\_\_\_ Type of Account: Checking Savings CD Safe Deposit Box

**ACCOUNT OWNER** Existing Customer Ownership Type: Individual Joint \_\_\_\_\_

Name: \_\_\_\_\_  
First/Middle/Last

Physical Address: \_\_\_\_\_ Mailing Address if different: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary ID:** Unexpired; with photo, signature, description of person; i.e. DL, State issued ID, Passport, Govt ID, Military ID, Alien Registration card. Minors: Birth Certificate, Social Security Card, School ID

Government Issued ID#: \_\_\_\_\_ Issued by: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

US Citizen? YES NO Resident Alien? YES NO Do you qualify as a PEP\*? YES NO

If not a US Citizen, country of origin: \_\_\_\_\_

\*\*PEP=A Politically Exposed Person is a foreign individual from any country who are, or have been, entrusted with a prominent public function as well as their immediate family members and close associates. If yes, please describe PEP qualifications:

Need information about: Debit Card Check Order Online Banking/Bill Pay Christmas Club Direct Deposit

**JOINT ACCOUNT OWNER** or **AUTHORIZED SIGNER or POA** Existing Customer if address is the same as above, check box

Name: \_\_\_\_\_  
First/Middle/Last or Sole Proprietorship

Physical Address: \_\_\_\_\_ Mailing Address if different: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

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**PAYABLE ON DEATH DESIGNATION:** YES NO If yes, Payable on Death Designation Form may be required

**AUTHORIZED SIGNER DESIGNATION:** YES NO If yes, Authorized Signer Form required

I certify that everything I have stated in the application is correct. My signature below authorizes the Bank to check credit and/or employment history.

Signature: \_\_\_\_\_ Joint or Auth Signer Signature: \_\_\_\_\_

Please complete one questionnaire for each account opened – see reverse

# CONSUMER NEW ACCOUNT QUESTIONNAIRE

Required for each new ACCOUNT opened to understand expected account activity  
Not required for CD or Safe Deposit Box

Date: \_\_\_\_\_ Existing Customer: \_\_\_\_\_  
Acct Owner Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ YES  
Joint/Authorized Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ YES

In order to provide the best products & services for your account, let's consider your Average Account Activity:

1. Estimate of Total Deposit Activity # of Deposits per Week \_\_\_\_\_ # of Withdrawals per Week \_\_\_\_\_  
Estimate of Total Deposit Amount: \$ \_\_\_\_\_ Weekly OR \$ \_\_\_\_\_ Monthly  
Estimate Amount of Cash Deposits: \$0 - \$500 \$500 - \$1000 Enter amount over \$1000 \$ \_\_\_\_\_  
Estimate Amount of Cash Withdrawals: \$0 - \$500 \$500 - \$1000 Enter amount over \$1000 \$ \_\_\_\_\_

Y N

2. Do you anticipate use of Wire Transfers?  
Frequency: Weekly Bi-Monthly Monthly Quarterly  
Incoming Est.: # wires per month \_\_\_\_\_ Est. amt. ea. Wire \$ \_\_\_\_\_  
Outgoing Est.: # wires per month \_\_\_\_\_ Est. amt. ea. Wire \$ \_\_\_\_\_  
Will any wires be International Wires? Incoming Outgoing (mark one or both if applicable)  
Country: \_\_\_\_\_ Est.: # wires per month \_\_\_\_\_ Est. amt. ea. Wire \$ \_\_\_\_\_  
Country: \_\_\_\_\_ Est.: # wires per month \_\_\_\_\_ Est. amt. ea. Wire \$ \_\_\_\_\_

3. Do you live/work in our market area – within 50 miles of a bank location? If no, why did you select our bank? \_\_\_\_\_  
4. Do you travel outside the U.S.? Rarely-vacation travel If frequent, # times year? \_\_\_\_\_  
5. Do you use your debit card when traveling outside the US at an ATM or for a Point of Sale transaction?  
6. Are you familiar with, or utilize, Virtual / Digital Currency? (Bitcoin, Namecoins, Litecoins)  
7. Will you conduct internet transactions through this account, such as sales purchases gambling? (Check all that apply)

**Thank you for completing the Questionnaire. Please do not hesitate to contact us anytime you need assistance with any banking services.**

## Section B: BANK USE ONLY

Does the opening deposit include more than \$3,000 in cash and/or money orders?  
Did the opening deposit include more than one Official, Cashier Check, or Money Order?  
Describe Item(s) & amounts: \_\_\_\_\_  
\_\_\_\_\_

Hold placed on any of the initial deposit items?  
Other Bank Services of Interest: Loans Safe Deposit Box Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**CSR: Questionnaire should be reviewed for completeness before the customer leaves. Do not sign/scan until questionnaire is complete.**

Account Number \_\_\_\_\_ CRS Risk Evaluation (H,M,L) \_\_\_\_\_ CRS \_\_\_\_\_