

FIDUCIARY ACCOUNT APPLICATION & QUESTIONNAIRE

Date: _____

Ownership Type: Trust Estate Representative Payee Guardian UTMA Conservatorship

Type of Account: Checking Savings CD Safe Deposit Box **Customer:** New Existing

Account Name: _____
Account Name should match SSN/ EIN

Tax Identification Number: _____
If tax ID is applied for, must have copy of application

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

City/State/Zip: _____

Primary Phone: _____ Alt. Phone _____

Email: _____ Fax: _____

Authorized Signers on Account:

Information and Identification required for each authorized signer. The account address and phone number plus the information requested below will be used to identify authorized signer(s) on the entity account.

Name: _____ Title: _____ SSN: _____

Address: _____

email: _____ Cell: _____

Govt Issued ID: _____ State: _____

Name: _____ Title: _____ SSN: _____

Address: _____

email: _____ Cell: _____

Govt Issued ID: _____ State: _____

Entity Security Question or Word (optional): _____

By completing this application, I authorize the Bank to make any necessary inquiries for credit and/or account history. I also certify the above information is correct and that I am authorized to disclose such information.

Signature: _____ Print Name: _____

Title: _____

Please complete the required New Account
Questionnaire on the following page.

FIDUCIARY 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:

Account Name: _____

Tax Identification Number #: _____

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
Estimated Amount of **Cash** Deposits: \$0 - \$500 \$500 - \$1000 Enter amount over \$1000 \$ _____
Estimated Amount of **Cash** Withdrawals: \$0 - \$500 \$500 - \$1000 Enter amount over \$1000 \$ _____
Additional comments for **Cash** Activity: _____

2. Y N 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. Will a debit card be used on this account?
5. Will the Authorized Signer(s) travel outside the US?
6. Will the account utilize, Virtual / Digital Currency? (Bitcoin, Namecoins, Litecoins)
7. Will the account be used to 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 \$3,000.00 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 customer leaves. Do not sign/scan until questionnaire is complete.

NAICS Code or N/A: _____

Account #: _____

CRS Risk Evaluation (H,M,L): _____

CRS: _____