

PEOPLES STATE BANK BUSINESS CUSTOMER IDENTIFICATION PROGRAM (CIP)

ACCOUNT HOLDER INFORMATION

BUSINESS NAME	EMPLOYER IDENTIFICATION NUMBER	
STREET ADDRESS	APT #	P.O. BOX
CITY	STATE	ZIP
PHONE	CELL PHONE	
BUSINESS EMAIL ADDRESS		

ACCOUNT INFORMATION

ACCOUNT TYPE:	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
	SAFE DEPOSIT BOX <input type="checkbox"/>	CD <input type="checkbox"/>	
EXPECTED ACTIVITY:	DEPOSITS/WITHDRAWALS <input type="checkbox"/>	APPLE PAY <input type="checkbox"/>	DOMESTIC WIRES <input type="checkbox"/>
	EBANKING <input type="checkbox"/>	SAMSUNG PAY <input type="checkbox"/>	FOREIGN WIRES <input type="checkbox"/>
	BILL PAY <input type="checkbox"/>	DIRECT DEPOSIT <input type="checkbox"/>	
	ATM/DEBIT CARD <input type="checkbox"/>	ACH ACTIVITY <input type="checkbox"/>	

BUSINESS TYPE

SOLE PROPRIETORSHIP <input type="checkbox"/>	CORPORATION-FOR PROFIT <input type="checkbox"/>
CORPORATION-NON PROFIT <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
LIMITED LIABILITY COMPANY <input type="checkbox"/>	OTHER: _____ <input type="checkbox"/>
MUNICIPAL <input type="checkbox"/>	

BUSINESS DOCUMENTS PROVIDED

CERTIFICATE OF ASSUMED NAME <input type="checkbox"/>	ARTICLES OF INCORPORATION <input type="checkbox"/>
PARTNERSHIP AGREEMENT <input type="checkbox"/>	ARTICLES OF ORGANIZATION <input type="checkbox"/>
ELECTION OF OFFICERS <input type="checkbox"/>	MSB REGISTRATION <input type="checkbox"/>
MEETING MINUTES <input type="checkbox"/>	RESOLUTION <input type="checkbox"/>
LICENSE FOR PRIVATELY OWNED ATM <input type="checkbox"/>	LICENSE FOR ONLINE GAMBLING <input type="checkbox"/>

DOES YOUR BUSINESS ENGAGE IN ANY OF THE FOLLOWING?

ISSUING, SELLING, OR REDEMPTION OF MONEY ORDERS, TRAVELER'S CHECKS, OR PREPAID ACCESS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
THIRD PARTY CHECK CASHING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
THIRD PARTY CURRENCY EXCHANGE OR DEALINGS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YOU ANSWERED YES TO ANY OF THE ITEMS ABOVE, IS THE CASH INVOLVED EVER GREATER THAN \$1,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A MONEY SERVICE BUSINESS (MSB)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HAVE YOU PROVIDED US WITH YOUR MONEY SERVICE BUSINESS REGISTRATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU ENGAGED IN MARIJUANA RELATED BUSINESSES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE A PRIVATELY OWNED ATM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

HOW DO YOU FUND THE ATM? _____

WHERE IS THE ATM LOCATED? _____

WHO SERVICES THE ATM? _____

PLEASE PROVIDE A COPY OF THE SERVICE AGREEMENT. _____

REG GG QUESTIONS

(REG GG IS THE PROHIBITION OF FUNDING OF UNLAWFUL INTERNET GAMBLING.)

WHAT TYPE OF BUSINESS ARE YOU ENGAGED IN: _____

DO YOU PERFORM TRANSACTIONS ONLINE? YES NO IF YES, WHAT TYPES? _____

ARE ANY ACTIVITIES GAMBLING ACTIVITIES? YES NO

SOURCE OF FUNDS FOR OPENING DEPOSIT _____

PURPOSE OF ACCOUNT (EXAMPLE: PAY BILLS, SAVINGS, ETC.) _____

EXPECTED AVERAGE MONTHLY BALANCE _____

*EXAMPLES

- WHAT IS THE SOURCE OF FUNDS COMING INTO THIS ACCOUNT? (E.G. PAYROLL, TRANSFERS FROM OTHER ACCOUNTS, SOCIAL SECURITY CHECKS, ETC.)
- HOW MUCH CASH DO YOU ANTICIPATE DEPOSITING OR WITHDRAWING ON A MONTHLY BASIS? (E.G. BETWEEN \$0-\$5,000; \$5,000-\$10,000; GREATER THAN \$10,000)
- DO YOU ANTICIPATE CONDUCTING WIRE ACTIVITY? IF SO, PLEASE LIST THE EXPECTED DOLLAR AMOUNT AND FREQUENCY OF WIRES IN AND WIRES OUT.
- DO YOU ANTICIPATE CONDUCTING ANY INTERNATIONAL TRANSACTIONS? IF SO, PLEASE DESCRIBE THE TYPE OF TRANSACTIONS (E.G. WIRES, ACT, ETC.); LIST THE COUNTRIES YOU WILL TRANSACT WITH; LIST THE FREQUENCY AND AVERAGE DOLLAR AMOUNT OF THESE TRANSACTIONS.

SIGNATURE _____ DATE _____

I ACKNOWLEDGE THAT A PERSON SUPPLYING A FALSE MATERIAL STATEMENT THAT IS BELIEVED NOT TO BE TRUE WITH RESPECT TO INFORMATION REQUESTED ON THIS APPLICATION FORM IS GUILTY OF PERJURY. THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE. THIS ACCOUNT WILL BE CONSIDERED A TEMPORARY AGREEMENT PENDING VERIFICATION OF OFAC STANDING THROUGH CHEXSYSTEMS AND ID VERIFICATION THROUGH QUALIFILE.

NOTARY SIGNATURE REQUIRED IF NOT SIGNED IN THE PRESENCE OF A BANK REPRESENTATIVE

NOTARY _____ COUNTY _____

MY COMMISSION EXPIRES _____ STATE OF _____

