

PEOPLES STATE BANK CONSUMER CUSTOMER IDENTIFICATION PROGRAM (CIP)

ACCOUNT HOLDER INFORMATION

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

STREET ADDRESS _____ APT # _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ OCCUPATION _____

MOTHER'S MAIDEN NAME _____

DRIVER'S LICENSE NUMBER OR OTHER PHOTO ID _____

Please note: Federal regulation requires that Peoples State Bank verify our customer's identification. Please attach a photocopy of your driver's license or other photo ID.

STATE OF ISSUANCE _____ DRIVER'S LICENSE EXPIRATION DATE _____

SOURCE OF FUNDS FOR OPENING DEPOSIT

ARE YOU A U.S. CITIZEN? YES NO ARE YOU ENGAGED IN MARIJUANA RELATED BUSINESSES? YES NO

ACCOUNT INFORMATION

ACCOUNT TYPE: CHECKING SAVINGS CD
SAFE DEPOSIT BOX IRA H.S.A.

OWNERSHIP TYPE INDIVIDUAL JOINT UTMA

EXPECTED ACTIVITY: DEPOSITS/WITHDRAWALS APPLE PAY DIRECT DEPOSIT
CASH CHECKS SAMSUNG PAY ACH ACTIVITY
EBANKING ATM CARD DOMESTIC WIRES
BILL PAY ATM/DEBIT CARD FOREIGN WIRES
MOBILE BANKING H.S.A. DEBIT CARD

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 CHEQSYS 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 _____

TO BE COMPLETED BY FINANCIAL INSTITUTION

VERIFIED DIFFERENCES WITH CUSTOMERS?:	YES	NO	N/A
↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAS THE ACCOUNT OPENED BY MAIL?:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WAS THE ACCOUNT OPENED BY FAX OR EMAIL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE RED FLAGS PROGRAM:

1. IS THE PHOTOGRAPH OR PHYSICAL DESCRIPTION ON THE ID CONSISTENT WITH THE APPEARANCE OF THE APPLICANT OR CUSTOMER PRESENTING THE ID?	YES	NO	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. IS THE OTHER INFORMATION ON THE ID CONSISTENT WITH THE INFORMATION PROVIDED BY THE PERSON OPENING THE ACCOUNT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. WAS MINIMAL, VAGUE, OR FICTITIOUS INFORMATION PROVIDED THAT THE BANK CANNOT READILY VERIFY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. LACK OF IDENTIFICATION - DID THE INDIVIDUAL ATTEMPT TO OPEN AN ACCOUNT OR CHANGE THEIR ADDRESS WITHOUT ID OR GIVE VAGUE INFORMATION, OR REFUSE TO PROVIDE THE INFORMATION NEEDED BY THE BANK? WERE DOCUMENTS PROVIDED THAT APPEARED TO HAVE BEEN ALTERED OR FORGED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. DOES THE INDIVIDUAL HAVE A NON LOCAL RESIDENTIAL OR BUSINESS ADDRESS WITH APPARENT LEGITIMATE REASON FOR OPENING THE ACCOUNT WITH OUR BANK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. WAS THE TAXPAYER IDENTIFICATION NUMBER PROVIDED THE SAME AS THAT PROVIDED BY ANOTHER CUSTOMER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>*VERIFICATION IS COMPLETED BY INPUTTING THE TAXPAYER IDENTIFICATION NUMBER PROVIDED INTO OUR CORE SYSTEM AND SEARCHING FOR A POTENTIAL MATCH.</small>			

7. IS THE TAXPAYER IDENTIFICATION NUMBER ALREADY ON OUR SYSTEM BUT UNDER A DIFFERENT NAME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, EXPLAIN THE DOCUMENTATION OBTAINED TO VERIFY NAME CHANGE.			

CHEX SYSTEMS VERIFICATION:

INTERNET	YES	NO	PER PHONE CALL	YES	NO	
QUALIFILE SCORE			ACCEPT	<input type="checkbox"/>	DECLINE	<input type="checkbox"/>

NOTES:

EMPLOYEE	BRANCH	DATE
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HIGH FINANCIAL CRIMES AREA (HIFCA)	YES	NO
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HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA)	YES	NO
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REVIEWED BY	RISK RATED BY	RISK RATING
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