

PEOPLES STATE BANK TRUST/ESTATE CUSTOMER IDENTIFICATION PROGRAM (CIP)

ACCOUNT HOLDER INFORMATION

NAME

TAXPAYER ID NUMBER TRUST DATE

STREET ADDRESS APT # P.O. BOX

CITY STATE ZIP

PHONE CELL PHONE WORK PHONE

TRUSTEES

PLEASE OBTAIN A CIP FOR EACH TRUSTEE IF NEEDED

PERSONAL REPRESENTATIVE OF THE ESTATE

PLEASE OBTAIN A CIP FOR THE PERSONAL REP. IF NEEDED

DOCUMENTS PROVIDED:

CERTIFICATE OF TRUST EXISTENCE []
LETTERS OF AUTHORITY []

ACCOUNT INFORMATION

ACCOUNT TYPE: CHECKING [] SAVINGS []
SAFE DEPOSIT BOX [] CD []

EXPECTED ACTIVITY: DEPOSITS/WITHDRAWALS [] APPLE PAY [] DOMESTIC WIRES []
EBANKING [] SAMSUNG PAY [] FOREIGN WIRES []
BILL PAY [] DIRECT DEPOSIT []
ATM/DEBIT CARD [] ACH ACTIVITY []

ARE YOU ENGAGED IN MARIJUANA RELATED BUSINESSES? YES [] NO []

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

TO BE COMPLETED BY FINANCIAL INSTITUTION

	YES	NO	N/A
VERIFIED DIFFERENCES WITH CUSTOMERS?: _____ ↑ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAS THE ACCOUNT OPENED BY MAIL?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAS THE ACCOUNT OPENED BY FAX OR EMAIL?: _____ ↑ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WERE COPIES OF NECESSARY LEGAL DOCUMENTS OBTAINED? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE RED FLAGS PROGRAM:

	YES	NO	N/A
1. IS THE PHOTOGRAPH OR PHYSICAL DESCRIPTION ON THE ID CONSISTENT WITH THE APPEARANCE OF THE APPLICANT OR CUSTOMER PRESENTING THE ID? _____	<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"/>
3. WAS MINIMAL, VAGUE, OR FICTITIOUS INFORMATION PROVIDED THAT THE BANK CANNOT READILY VERIFY? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
5. DOES THE TRUST/ESTATE 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"/>
6. WAS THE TAXPAYER IDENTIFICATION NUMBER PROVIDED THE SAME AS THAT PROVIDED BY ANOTHER CUSTOMER? *VERIFICATION IS COMPLETED BY INPUTTING THE TAXPAYER IDENTIFICATION NUMBER PROVIDED INTO OUR CORE SYSTEM AND SEARCHING FOR A POTENTIAL MATCH. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHEX SYSTEMS VERIFICATION:

INTERNET	YES	NO	_____	PER PHONE CALL	YES	NO	_____
EMPLOYEE	_____	BRANCH	_____	DATE	_____		
HIGH FINANCIAL CRIMES AREA (HIFCA)	YES	NO	_____	HIFCA LOCATION	_____		
HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA)	YES	NO	_____	HIDTA LOCATION	_____		
REVIEWED BY	_____	RISK RATED BY	_____	RISK RATING	_____		