



# Personal Account Information Sheet

Please complete this form in its entirety. If there are more than two signers, attach multiple forms so as to provide all necessary information on each signer.

## GENERAL ACCOUNT INFORMATION

Title or Styling of Account			CIF #		
Account Ownership	<input type="checkbox"/> Multiple Party without Right of Survivorship	<input type="checkbox"/> Trust Account			
<input type="checkbox"/> Single Party without POD	<input type="checkbox"/> Multiple Party with Right of Survivorship	<input type="checkbox"/> Convenience Account			
<input type="checkbox"/> Single Party with POD*	<input type="checkbox"/> Multiple Party with Right of Survivorship and POD*	<input type="checkbox"/> TUTMA Account			

Please provide beneficiary name, date of birth, social security number and relationship to applicant.

## PRIMARY APPLICANT INFORMATION

Legal Name (First, Middle, Last)				Date of Birth	CIF #	
Aliases/Other Names Which You Are Known By				Citizenship Country		
Social Security Number		Mothers Maiden Name		Email Address		
Physical (Home) Address		City	State	Zip	Country	Home Phone Number
Mailing Address (if different from above)		City	State	Zip	Country	Cell Phone Number
Employer or School Name				Occupation (please be descriptive)		
Employer or School Address		City	State	Country	Zip	Employer Phone Number
Primary Identification Number	Issued By	Issue Date	Expire Date	Primary Identification Type <input type="checkbox"/> Passport <input type="checkbox"/> License <input type="checkbox"/> Alien ID Card <input type="checkbox"/> _____		
Secondary Identification Number	Issued By	Issue Date	Expire Date	Secondary Identification Type <input type="checkbox"/> License <input type="checkbox"/> (Other) _____		

Name, Address and Phone Number of Nearest Relative Not Living With You

## JOINT APPLICANT OR CONVENIENCE PARTY INFORMATION

Legal Name (First, Middle, Last)				Date of Birth	CIF #	
Aliases/Other Names Which You Are Known By				Citizenship Country		
Social Security Number		Mothers Maiden Name		Email Address		
Physical (Home) Address		City	State	Zip	Country	Home Phone Number
Mailing Address (if different from above)		City	State	Zip	Country	Cell Phone Number
Employer Name				Occupation (please be descriptive)		
Employer Address		City	State	County	Zip	Employer Phone Number
Primary Identification Number	Issued By	Issue Date	Expire Date	Primary Identification Type <input type="checkbox"/> Passport <input type="checkbox"/> License <input type="checkbox"/> Alien ID Card <input type="checkbox"/> _____		
Secondary Identification Number	Issued By	Issue Date	Expire Date	Secondary Identification Type <input type="checkbox"/> License <input type="checkbox"/> (Other) _____		

Name, Address and Phone Number of Nearest Relative Not Living With You

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions. I confirm that all credits to the account are and will be beneficially owned by me. I agree to notify you, within 30 days, of any changes to the foregoing information. Under the penalties of perjury, I certify (1) the social security number shown above next to my name, if any, is my correct taxpayer identification number, and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. (Institution to Applicant: If you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return and you have not been notified that the backup withholding has terminated, you must strike out the language in clause (2) above.)

Primary Applicant Signature

Date

Joint Applicant Signature

Date

**GENERAL ACCOUNT INFORMATION DUE DILIGENCE**

Account Number \_\_\_\_\_ Officer Assigned: \_\_\_\_\_ Account Opened By: \_\_\_\_\_ Is the customer:  New  Existing

What is the purpose of the account? \_\_\_\_\_

What is the amount of the initial deposit? \$ \_\_\_\_\_

What is the source of funds for the initial deposit:  check  money order  cashier's check  wire transfer  cash  transfer  
 other (describe) \_\_\_\_\_

Were the signers screened through Chex Systems?

Yes  No

Were the signers screened through OFAC?

Yes  No

Consider the source of funds being used to open the account. Are they commensurate with the customer's:

(1) Stated/Known Employment  Yes  No

(2) Occupation  Yes  No

(3) Wealth  Yes  No

Comments; \_\_\_\_\_

Type of Account/Product Customer is Opening \_\_\_\_\_

Would you like to order checks for this account?  Yes  No

If yes, what type of checks would you like (ex. standard wallet, duplicate, top stub)? \_\_\_\_\_

Would you like a debit card for this account?  Yes  No

Would you like Online/Mobile Banking?  Yes  No

**EXPECTED TRANSACTIONAL ACTIVITY**

Will you be sending or receiving international wire transfers?  Yes  No

If you will be sending or receiving international wire transfers, please list those countries to or from whom the wires will be received:

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_