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	☐	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	☐		

BUSINESS TYPE

SOLE PROPRIETORSHIP	☐	CORPORATION-FOR PROFIT	☐
CORPORATION-NON PROFIT	☐	PARTNERSHIP	☐
LIMITED LIABILITY COMPANY	☐	OTHER:__________________	☐
MUNICIPAL	☐		

BUSINESS DOCUMENTS PROVIDED

CERTIFICATE OF ASSUMED NAME	☐	ARTICLES OF INCORPORATION	☐
PARTNERSHIP AGREEMENT	☐	ARTICLES OF ORGANIZATION	☐
ELECTION OF OFFICERS	☐	MSB REGISTRATION	☐
MEETING MINUTES	☐	RESOLUTION	☐
LICENSE FOR PRIVATELY OWNED ATM	☐	LICENSE FOR ONLINE GAMBLING	☐

DOES YOUR BUSINESS ENGAGE IN ANY OF THE FOLLOWING?

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

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 ACTIVITES? 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 FREUENCY 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?:	☐	☐	☐
WAS THE ACCOUNT OPENED BY MAIL?:	☐	☐	☐
WAS THE ACCOUNT OPENED BY FAX OR EMAIL?:	☐	☐	☐
WERE COPIES OF ALL NECESSARY BUSINESS DOCUMENTS OBTAINED?	☐	☐	☐
WAS A COPY OF THE LICENSING TO PARTICIPATE IN ONLINE GAMBLING OBTAINED?	☐	☐	☐

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?	☐	☐	☐
2. IS THE OTHER INFORMATION ON THE ID CONSISTENT WITH THE INFORMATION PROVIDED BY THE PERSON OPENING THE ACCOUNT?	☐	☐	☐
3. WAS MINIMAL, VAGUE, OR FICTITIOUS INFORMATION PROVIDED THAT THE BANK CANNOT READILY VERIFY?	☐	☐	☐
4. LACK OF IDENTIFICATION - DID THE BUSINESS 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?	☐	☐	☐
5. DOES THE BUSINESS HAVE A NON LOCAL ADDRESS WITH APPARENT LEGITIMATE REASON FOR OPENING THE ACCOUNT WITH OUR BANK?	☐	☐	☐
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.	☐	☐	☐
7. IS THE TAXPAYER IDENTIFICATION NUMBER ALREADY ON OUR SYSTEM BUT UNDER A DIFFERENT NAME? IF YES, EXPLAIN THE DOCUMENTATION OBTAINED TO VERIFY NAME CHANGE.	☐	☐	☐

CHEX SYSTEMS VERIFICATION:

INTERNET YES ☐ NO ☐

PER PHONE CALL YES ☐ NO ☐

HIGH FINANCIAL CRIMES AREA (HIFCA) YES ☐ NO ☐

HIGH INTENSITY DRUG TRAFFICKING AREA (HIDTA) YES ☐ NO ☐

EMPLOYEE ____________ BRANCH ____________ DATE ____________

REVIEWED BY ____________ RISK RATED BY ____________ RISK RATING ____________