PEOPLES STATE BANK BUSINESS LOAN CUSTOMER IDENTIFICATION PROGRAM (CIP)

ACCOUNT HOLDER INFORMATION

BUSINESS NAME ______________________ EMPLOYER IDENTIFICATION NUMBER ______________________

STREET ADDRESS ______________________ APT # ______________ P.O. BOX ______________

CITY ______________________ STATE ______________ ZIP ______________

PHONE ______________________ CELL PHONE ______________________

EMAIL ADDRESS ______________________

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	☐		

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 ☐

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 KROLL FACTUAL DATA. IF YOU ARE NOT CURRENTLY A DEPOSIT ACCOUNT HOLDER BUT WISH TO BEOME ONE IN THE FUTURE, YOU ARE GIVING THE BANK PERMISSION TO PERFORM ID VERIFICATION THROUGH QUALIFILE BY SIGNING THIS DOCUMENT.

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

COMMERCIAL LOAN CUSTOMER

NEW IN PERSON ________ NEW OTHER THAN IN PERSON ________

REQUIREMENTS

BUSINESS ORGANIZATIONAL DOCUMENT ________ VERIFY GOOD STANDING WITH THE STATE ________

CHECK OFAC LIST ________ CALL TO VERIFY EXISTENCE OF BUSINESS PHONE NUMBER ________

CALL VENDORS OF BUSINESS ________

	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 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 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?	☐	☐	☐
5. DID THE INDIVIDUAL HAVE A NON LOCAL RESIDENTIAL OR BUSINESS 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.	☐	☐	☐

KROLL FACTUAL DATA VERIFICATION:

INTERNET YES ☐ NO ☐ PER PHONE 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 ________