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 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?	☐	☐	☐

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. DOES 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.	☐	☐	☐
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 ☐

QUALIFILE SCORE _____ ACCEPT ☐ DECLINE ☐

NOTES: _____

EMPLOYEE _____ BRANCH _____ DATE _____

HIGH FINANCIAL CRIMES AREA (HIFCA) YES ☐ NO ☐

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

REVIEWED BY _____ RISK RATED BY _____ RISK RATING _____