PEOPLES STATE BANK CONSUMER LOAN 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

ARE YOU A U.S CITIZEN? YES ☐ NO ☐

ARE YOU ENGAGED IN MARIJUANA RELATED BUSINESSES? YES ☐ NO ☐

ARE YOU EMPLOYED BY A MARIJUANA RELATED BUSINESS? YES ☐ NO ☐

IF YES TO ABOVE, WHICH TYPE? TIER I ☐ TIER II ☐ TIER III ☐

LOAN INFORMATION

LOAN TYPE	COMMERCIAL	☐	AUTOMOBILE	☐	MORTGAGE ☐
	INSTALLMENT	☐	HOME EQUITY	☐	CONSTRUCTION ☐
	PERSONAL GUARANTY OF COMMERCIAL LOAN			☐	
OWNERSHIP TYPE	INDIVIDUAL	☐	JOINT	☐	

PURPOSE OF LOAN

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 BECOME 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

CONSUMER OR MORTGAGE LOAN CUSTOMER

NEW IN PERSON _____ NEW OTHER THAN IN PERSON _____

REQUIREMENTS

VERIFY DRIVER'S LICENSE AND EXPIRATION DATE _____ VERIFY SSN ON APPLICATION AND CREDIT REPORT _____

CHECK OFAC LIST _____ CALL TO VERIFY ACCURACY OF PHONE NUMBER(S) _____

	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.	☐	☐	☐

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