PEOPLES STATE BANK TRUST LOAN CUSTOMER IDENTIFICATION PROGRAM (CIP)

ACCOUNT HOLDER INFORMATION

NAME ______________________________

TAXPAYER ID NUMBER ______________ TRUST DATE ______________

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

CITY ______________ STATE ______________ ZIP ______________

PHONE ______________ CELL PHONE ______________ WORK PHONE ______________

TRUSTEES ______________________________
PLEASE OBTAIN A CIP FOR EACH TRUSTEE IF NEEDED

PERSONAL REPRESENTATIVE OF THE ESTATE ______________________________
PLEASE OBTAIN A CIP FOR THE PERSONAL REP. IF NEEDED

DOCUMENTS PROVIDED: CERTIFICATE OF TRUST EXISTENCE ______________ LETTERS OF AUTHORITY ______________

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

LOAN INFORMATION

LOAN TYPE:

	COMMERCIAL ☐	AUTOMOBILE ☐	MORTGAGE ☐
	INSTALLMENT ☐	HOME EQUITY ☐	CONSTRUCTION ☐

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 CHEXSYSTEMS. 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

TRUST/ESTATE LOAN CUSTOMER

NEW IN PERSON ______ NEW OTHER THAN IN PERSON ______

REQUIREMENTS

CERTIFICATE OF TRUST EXISTENCE ______ LETTERS OF AUTHORITY ______

CHECK OFAC LIST ______

	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 LEGAL DOCUMENTS 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. DOES THE TRUST 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 ______