CONSUMER PROFILE

Date: CIF:

Account Number: Bank Employee:

# What brought you to the bank today?

o

o

Open Account Gather Information Other

o

**Was this account opened in person?** Yes or No

o

o

If “No,” how was it opened:

# If it is to open an account, what type of account?

Checking

o

Savings

o

Money Market Account

Time Deposit (CD)

o

o

Loan

Other

o

o

# Any chance you are an existing customer of the bank? Yes or No

o

o

**Is the customer local?** Yes or No

o

o

If “No,” why did the customer choose the bank

# To get your account opened, we are going to need some information:

Name: Physical Address: Mailing Address: Phone numbers Home: Work: Cell: SSN or ITIN:

(If no SSN or ITIN, Passport or other identification number)

Occupation: Email Address: Household Income:

**We will also need two forms of identification:** (Attach copies. Do not photocopy or scan military ID)

**Are you a US Person** (US Person includes resident alien) Yes or No

o

o

# If you are a nonresident alien, what country are you from?

**Are you an elected official?** Yes or No

o

o

**Is any Authorized Signer a Politically Exposed Person (PEP)?** Yes or No

o

o

A Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions, including a head of state or government; senior politician; a senior government, judicial, or military official; senior executive of a publicly-owned corporation; and important political party official.

# If “Yes,” Signer’s Name: Country Affiliation: and Position:

**Now to get you in the right product, we will need to know how you plan to use this account?**

Household Operating Account?

o

Separate account for special purpose?

o

Savings

Other

o

o

# Where are you moving the funds from?

Name of financial institution

# How do you plan to fund this account?

o

Cash

o

On us transfer or check

o

Payroll check

Government check

o

Cashier’s check

o

Wire

o

Foreign funds

o

# Does any of your income come from writing orders for or from the sale, growth, dispensing or transportation of marijuana, CBD Oil or hemp? Yes or No

o

o

# Do you work for anyone whose income comes from writing orders for or from the sale, growth, dispensing or transportation of marijuana, CBD Oil or hemp? Yes or No

o

o

**What is your expected account usage?**

General Personal Other: (Specify)

o

o

# Deposits / Month (Est)

# Checks & Withdrawals / Month (Est)

$ Deposits / Month (Est)

$ Checks & Withdrawals / Month (Est)

Deposit Cash? Yes / No

o

o

o

o

If YES, estimate amount $

Per Month / Per Transaction

Withdraw Cash? Yes / No

o

o

o

o

If YES, estimate amount $

Per Month / Per Transaction

Purpose:

Incoming Wires? Yes / No

o

o

If YES, estimate amount $ Per Wire Frequency: Per Day / Week / Month (circle)

Country(ies) of Origin:

Purpose:

Outgoing Wires? Yes / No

o

o

If YES, estimate amount $ Per Wire Frequency: Per Day / Week / Month (circle)

Send to Country(ies) :

Purpose:

Purchase Monetary Instruments Yes / No

o

o

If YES, estimate amount $

Purpose:

ACH Deposits Yes / No

o

o

If YES, expected source of deposits:

ACH Debits Yes / No Online Banking Yes / No

o

o

o

o

Other Bank Services Customer is Interested In:

(Loans, Cashier’s Checks, etc)

# Will you have your payroll/social security coming in automatically into this account? Yes or No

o

o

**Now to get you in the right ownership, we will need to know how you plan to own this account?**

Individual Joint POD Fiduciary

o

o

o

o

# If this is a Fiduciary, what type?

o

Custodian

o

Power of attorney

o

Representative Payer VA Fiduciary

# Name:

o

For Power of Attorney, obtain POA form and information and identification for the attorney-in-fact

Date of Profile:

OFAC/PEP:

BSA Risk Rating:

3rd Party Verification:

Opened by:

Input by: Reviewed by: