

**SOLUTIONS NORTH**  
 **BANK**

**Business CIP**  
**Account Owner / Loan Information Worksheet** (SNB089)

**Registered Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

\*(Please note: *PO Box holders must furnish physical address as well as mailing address*)

**Mailing Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip + 4:** \_\_\_\_\_ - \_\_\_\_\_

**Date of Inc./Organization:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Authorized Individuals:** \_\_\_\_\_

**Complete the following Business Activity Questions to help us serve your needs**

**What type of business are you involved in?** \_\_\_\_\_

**Type of account (please circle):** Loan, Checking, Savings, Safe Deposit Box, CD

- |   |     |           |
|---|-----|-----------|
| 1) Will you regularly engage in wire transfer activity (4x year or more)?               | Y   | N         |
| 2) Will you originate ACHs (direct deposit payroll or automatic bill pay, for example)? | Y   | N         |
| 3) Will you <i>frequently</i> deposit or withdraw large amounts of cash (>\$2,500)?     | Y   | N         |
| 4) Will you regularly purchase monetary instruments (cashier's checks, for example)?    | Y   | N         |
| 5) How many checks, on average, do you estimate to <i>deposit</i> each month?           | <10 | 10-25 >25 |
| 6) How many checks do you estimate will be <i>written on your account</i> each month?   | <10 | 10-25 >25 |
| 7) Will Internet Gambling operations originate through this business?                   | Y   | N         |

Please note: *Federal regulation requires that the Bank obtain a copy of the business' corporate or partnership papers. The account cannot be opened until these documents are supplied and a Certificate of Good Standing with the state of Kansas can be obtained.*

The information I have provided is correct to the best of my knowledge. I authorize Solutions North Bank to check credit and/or employment history should it deem necessary.

X \_\_\_\_\_  
(Signature of person authorized to open the account)

Date \_\_\_\_\_

For Bank Use Only

If Internet Gambling operations will be part of the business, visit with Wanda or Ginger after account opening.

NAME, EIN#, ADDRESS of ENTITY:

- At least 2 pieces of information verified for in-state customers \_\_\_\_
  - Verification obtained by copying LLC papers, Cert. of Good Standing, and/or SS4)
- If out-of-state customer or identification reveals previous address was out of state, verify **all 3 pieces** of information (name/address//EIN#) \_\_\_\_
- Credit Report for **individuals(s) who opened the account** \_\_\_\_

If any discrepancies (address, name, etc.), indicate the discrepancy and how it was resolved (if address discrepancy, COPY front of **non-forwarding** welcome letter and include with scanned CIP documents):

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**Customer Profile:**

Previous customer of the bank? Y/N  
 Does immediate family (Parent or Spouse) have current relationship with the bank? Y/N  
 Does customer have a consumer account relationship with the bank? Y/N  
 Long-time resident or business operations in the community (> 3 years; if unknown, circle no)? Y/N  
 Involved in higher-risk activity? Y/N

*Examples of higher-risk activity include cash intensive businesses (convenience stores, restaurants, liquor stores, vending machine operators); professional service providers (attorneys, accountants, doctors, brokers, real estate brokers, or liaisons between such); non-governmental organizations (charities/non-profits); politically exposed persons (embassy, foreign consulate personnel); non-bank financial institutions (casinos, securities brokers and dealers, dealers in precious metals, stones, jewels); foreign financial institutions; privately owned atms)*

CIP Form and verifying documents:

Scanned to Risk Rating folder on shared drive \_\_\_\_ Scanned to profile in Icore \_\_\_\_

**\*\* OFAC is checked automatically through Compliance One \*\***

Employee: \_\_\_\_\_

Branch: \_\_\_\_\_