

CIP Account Owner / Loan Information Worksheet

Full Legal Name: _____

Street Address: _____

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

Mailing Address: _____

City _____ State _____ Zip + 4: _____ - _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Customer's Preferred Name: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Home E-mail _____ Work E-mail _____

Employer Name: _____ Occupation: _____

Employer Address: _____

Driver's License Number (Or other approved photo ID#): _____ Issuing State: _____

Exp. Date: _____ Issue Date (if any): _____

Mother's Maiden Name: _____ State of Birth: _____

Please answer the following questions to help us better serve your banking needs.

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

- | | | |
|---|-----|-----------|
| 1) Will you <i>regularly</i> engage in wire transfer activity (4x year or more)? | Y | N |
| 2) Will you originate ACHs (automatic bill pay of insurance premiums, 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 |

Please note: Federal regulation requires that the Bank have on file verification of customer's Identification. Please attach a photocopy of driver's license or other photo identification if requested.

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 account owner or authorized signer)

Date _____

For Bank Use Only

NAME, TAX ID#, ADDRESS, DOB:

- At least 2 pieces of information verified for in-state customers ____
- If out-of-state customer or identification reveals previous address was out of state, verify **all 4 pieces** of information (name/address/DOB/SS#) ____
- Credit Report required for new customer (but not minors) ____

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):

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 business relationship with the bank?	Y/N
Long-time resident of the community (> 3 years; if unknown, circle no)?	Y/N

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: _____