

Employee _____
Date _____
Account Number _____
 New Updating Additional

FIRST SECURITY BANK BUSINESS ACCOUNT APPLICATION

(Aligned with FDIC & BSA/AML Examination Manual requirements. All fields are required and must be completed unless noted.)

Section 1: Business Information

- Full Legal Business Name: _____
- DBA (*doing business as*): _____
- Business Address (*physical*): _____
- Mailing Address (*if different*): _____
- Does the Business Address provided match the documentation? _____ YES _____ NO (*if answered No, please explain*) _____
- Tax Identification Number (TIN/EIN): _____
- Business Phone/Primary Contact: _____
- Business Email Address/Primary Contact: _____
- Business Website: _____
- Name/Title of all Signers on Business Account: _____
- **Business Type:**
 - Corporation Sole Proprietorship
 - LLC Nonprofit
 - Partnership Other: _____
 - Date of Formation/Incorporation: ____ / ____ / ____

Section 2: Required Documentation (Attach Copies)

- **Obtain the following Documents for Business Deposit & Loan Accounts:**
 - Articles of Incorporation / Partnership Agreements / LLC Documents / Other: _____
 - Assumed Name Filing if opening account under a name different from the Articles of Incorporation.
 - Corporate Resolution
 - Board Resolution/Minutes authorizing the opening of the new account
 - IRS EIN Confirmation Letter (CP 575)
 - Proof of Good Standing
 - Certification of Beneficial Owners of Legal Entities if applicable

Section 3: Money Service Business (MSB) Declaration

- Do you own/operate an internet gambling casino or gambling establishment? _____ YES _____ NO
 - For Money Service Businesses (MSBs): Do you manually disburse funds to customers, or are payouts processed through a third-party on behalf of the business? _____ YES _____ NO
 - For Internet Gambling Casinos or Gambling Establishments: Do you directly pay out winnings to players, or are payouts handled by a third-party service provider/lessee? _____
- Our business **IS** a Money Service Business and is registered with FinCEN.
 - FinCEN Registration Number: _____ (*obtain a copy of the MSB Registration*)
 - State License Number(s): _____
 - Type of MSB that engages in transactions greater than \$1,000 for any person on any day in one or more transactions:
 - Currency Dealer/Exchanger Money Transmitter (*i.e., courier, wires*)
 - Check Cashing Other: _____
 - Issuer, Seller, or Redeemer of Traveler's Checks, Money Orders, or Stored Value Cards
 - Do you manually pay out money or the leasee, paid by third party?

Our business is **NOT** a Money Service Business.

Section 4 – Customer Due Diligence (CDD) Information

(Both required under BSA/AML program to establish customer risk profile)

• **Nature and Purpose of Account**

- Business Operations
- Other: _____

***Source of Funds**

- Salary/Wages Business Proceeds
- Retirement Income Investment Income

• **Anticipated Account Activity (Estimate for First 12 Months)**

*Deposits per Month: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All
*Withdrawals per Month: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All
*Wire Transfers per Month: _____	<input type="checkbox"/> Incoming: Avg. \$ _____; Source: _____ <input type="checkbox"/> Outgoing: Avg. \$ _____; Destination: _____
*ATM Usage per Month: _____	<input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Both
*International Activity per Month: _____	<input type="checkbox"/> None <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Both Avg. \$ _____; Origin/Destination: _____

The above Anticipated Account Activity Chart **DOES NOT** apply as this account application is for a LOAN PRODUCT that does not allow withdrawals _____.

- Primary Trade Area: _____
- Proximity of Business Operations to Bank: _____

Section 5 – Beneficial Owners – Beneficial Owners who own 25% or more must provide a government-issued ID.

1. Name: _____ DOB: _____
Address: _____ SSN/Tax ID: _____ Ownership: _____
2. Name: _____ DOB: _____
Address: _____ SSN/Tax ID: _____ Ownership: _____
3. Name: _____ DOB: _____
Address: _____ SSN/Tax ID: _____ Ownership: _____
4. Name: _____ DOB: _____
Address: _____ SSN/Tax ID: _____ Ownership: _____

Section 5 – ATM Survey

• **Business Information**

Business Name: _____
Business Address: _____
Completed By: _____

• **ATM Ownership and Maintenance Status**

Please Select One:

1. Do you own or lease an ATM that you maintain? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete Section A.
2. Is space in the business leased to a third-party who owns and maintains the ATM? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete Section B.
3. There are no ATMs located in your business, or any businesses that maintain accounts with First Security Bank. <input type="checkbox"/> Yes <input type="checkbox"/> No	Please complete Section C.

Section A: ATM Leased to a Third Party

1. Do you own or lease the ATM located on your premises? Yes No
a. Address and location of ATM: _____
2. Do you own or lease multiple ATMs? Yes No *(If yes, please complete a separate survey for each location.)*
3. Do you fill your ATM? Yes No
4. Is the ATM filled by a third-party company? Yes No

a. If yes, please provide the Name of the Company or Armored Car Service that fills the ATM:

5. Please include a copy of the contract with the company that loads the ATM.

a. How much currency do you use to fill the ATM weekly? _____

b. How much currency is withdrawn from the ATM weekly? _____

c. Does the ATM dispense U.S. currency? _____

Section B: ATM Leased to a Third Party

1. Address and location of ATM: _____

2. Name of the Company that leases space in your business: _____

3. Does the Company lease space in more than one location? Yes No

4. If yes, please complete a separate survey for each location.

5. Please provide a copy of the Lease Agreement. The agreement must include the name, contact information, phone number, and address of the lessor.

6. Is the ATM filled by you? Yes No

7. Name of the Company or Armored Car Service that fills the ATM: _____

8. Does the ATM dispense U.S. currency? _____

Section C: No ATM on Premises

I certify that neither I nor any third-party operate, own, or lease an ATM on my business premises.

Customer Signature: _____ Date: ___ / ___ / ___

Customer Signature: _____ Date: ___ / ___ / ___

• Certification and Signature

By signing this form, I confirm that all the information I have provided is accurate and true. I understand that if any details on this form are found to be false or incorrect, First Security Bank may close my account.

Customer Signature: _____ Date: ___ / ___ / ___

Customer Signature: _____ Date: ___ / ___ / ___

Section 6: Non-Documentary Verifications - Bank Use Only

During the customer identification process, non-documentary verifications must be performed to ensure compliance. Evidence of the verification conducted should be attached

Verification Procedures

Verification Type	Requirements	Date of Verification	Verifier's Name	Additional Notes
Beneficial Ownership Certification	Required for corporations, LLCs, partnerships, and other legal entities.	___ / ___ / ___	_____	
Consumer Report	Required for loans and high-risk accounts	___ / ___ / ___	_____	
Corporate/LLC Search/Certificate of Good Standing	Mandatory for all business accounts; use www.cyberdriveillinois.com for online filings.	___ / ___ / ___	_____	
ID Flag Identification	Document verification	___ / ___ / ___	_____	
OFAC Screening Clear? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate if account is clear of OFAC restrictions	___ / ___ / ___	_____	
One Sum X Risk Profile Assigned	Include the risk rating assigned by Wolters Kluwer (i.e., Low, Medium, High)	___ / ___ / ___	_____	One Sum X Risk Profile _____

Completion and Review by FSB Staff

CIF Completed By: _____ Date: ___ / ___ / ___

Post Reviewed By: _____ Date: ___ / ___ / ___