

Employee _____
 Date _____
 Account Number _____
 New Updating Additional

**FIRST SECURITY BANK
 INDIVIDUAL ACCOUNT APPLICATION**

All fields are required and must be completed unless noted

Section 1 – Personal Information

- Full Legal Name: _____
- Date of Birth: _____
- Social Security Number: _____
- Physical Address: _____
(Note: If address does not match ID, please obtain proof of current address)
- Mailing Address (if different): _____
- Home Phone Number: _____
- Cell Phone Number: _____ Email Address: _____
- Employment Status: Employed Self-Employed Retired Student Other _____
- Employer Name/Job Title: _____
- ID #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____
(All IDs must be current and listed in the "Approved Forms of Identification for individuals located on page 2.)

*If you are a NON-US PERSON, please check the box below that applies to you, and provide your Identification Number and Country of Origin:		
*Type of Identification	Identification Number	Country of Origin
Passport		
Alien Identification Card		
Other _____ <i>(Government-Issued Document showing the nationality or residence and bearing a photograph.)</i>		

Section 2 – Account Information

- Type of Account Requested:
 Checking Savings Money Market Certificate of Deposit Other: _____
- Initial Deposit Amount: \$ _____
- Funding Method: Cash Check ACH Wire Other: _____

Section 3 – Customer Due Diligence (CDD) Information

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

- **Nature and Purpose of Account**
 - Personal Use
 - Household Expenses
 - Savings/Investment
 - Business Operations
 - Other: _____
- **Source of Funds**
 - Salary/Wages
 - Retirement Income
 - Business Proceeds
 - Investment Income
 - Other: _____

- **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 _____	<input type="checkbox"/> Incoming: Avg. \$ _____; Source: _____ <input type="checkbox"/> Outgoing: Avg. \$ _____; Destination: _____
ATM Usage _____	<input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Both
International Activity _____	<input type="checkbox"/> None <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing <input type="checkbox"/> Both Avg. \$ _____; Origin/Destination: _____

Section 4 – Certification and Signature

I certify that the information provided is true and correct. I understand that the bank may verify this information and that providing false information may result in account denial or closure.

Signature: _____ Date: _____

❖ **Additional Necessary Steps Prior to Account Opening:**

(Please check all boxes once completed. Perform all tasks that apply, depending on the situation, or mark N/A.)

- OFAC Date _____ Clear Y or N
(Must be run on ALL NEW customers without an existing account)
- ChexSystems Date _____
(Must be run on all NEW Savings/Checking customers without a current FSB Relationship in good standing)
- Credit Bureau _____
(Needed for Loan Customers and possibly for Debit Card approvals)
- One Sum X Risk Rate Score _____
- Make a copy of acceptable identification (see below) **and** proof of address (i.e., utility bill, lease, or other reliable documentation).
- Discuss Online Banking, Bill Pay, and Mobile Banking Access
- Discuss the need for an ATM or Debit Card
- Discuss whether checks are to be ordered

❖ **Approved Forms of Identification for Individuals:**

(Must provide at least one, unexpired item from this list)

- Driver's License
- State Issued ID Card
- Military ID Card
- Passport
- U.S Alien Registration Card
- Resident Alien Card
- Firearms Owner ID Card

❖ **Minor Accounts:**

(You may use one of these alternative IDs as long as the parent's ID is valid)

- Social Security Card *(original not a copy)*
- Birth Certificate
- Current Year Student ID accompanied by Social Security Card

❖ **Miscellaneous Information:**

- If ChexSystems cannot validate the Social Security Number, obtain a copy of the Social Security Card.
- If there is an OFAC match or "hit" obtain a copy of the Social Security Card and contact the BSA Compliance Officer or Compliance Officer.

CIP Completed By: _____ Date: _____

Post Review By: _____ Date: _____