

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who open an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Business Information –

Business Name _____

Tax ID Number	Phone	Phone	Cell Phone
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Email Address _____

Mailing Address	City	State	Zip code
Physical Address (if different from mailing address)	City	State	Zip code

Type of Business and Documentation Needed –

New Business New to the Area Changing Banks

Corporation Non-Profit 501(c)(3) LLC LLP Other _____
 Certificate of Existence and Authority Beneficial Ownership Certificate of Good Standing

Public Funds – Government/Municipal/School Partnership Other _____
 Certificate of Existence and Authority Beneficial Ownership

Informal Organization
 Statement of Informal Association Beneficial Ownership

d/b/a or Sole Proprietor
 Sole Proprietor Other Entity d/b/a

Accounts and Services -

Type of Account Applying For (check all that apply) Checking Savings Money Market CD Safe Deposit Box

Other services interested in Debit Card Checks Online/Mobile Banking Mobile Check Deposit Bill Pay

Commercial Loans Home Loans Merchant Card Processing Cash Management

Account Officers- (New Customer Applications will be filled out to collect information)

Name	Title	Name	Title
Name	Title	Name	Title

How did you hear about us? Newspaper Internet Search Radio Facebook Referral

Pursuant to The Unlawful Internet Gambling Enforcement Act of 2006, this financial institution will enforce a prohibition against commercial customers receiving any deposit or credit of any kind to their account if the funds are derived from illegal Internet gambling.

Are you engaged in any form of Internet Gambling? Yes No. If YES, please provide a copy of your license to do so. As a condition of maintaining this account, you agree that you will immediately notify the bank if you engage in an Internet Gambling business at a future time.

Signatures –

BY SIGNING BELOW, I HEREBY AUTHORIZE THE CITIZENS STATE BANK TO REVIEW MY BUSINESS' CERTIFICATE OF GOOD STANDING AND ANY INFORMATION ABOUT THIS BUSINESS FOR THE PURPOSES OF DETERMINING THE BUSINESS' ELEGIBILITY FOR APPROVAL. I FURTHER AUTHORIZE THE CITIZENS STATE BANK TO ANSWER QUESTIONS ABOUT ITS CREDIT EXPERIENCE WITH THIS BUSINESS. I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE ELECTRONIC FUNDS TRANSFER AND DEPOSIT ACCOUNT AGREEMENT AND/OR READY RESERVE AGREEMENT. EVERYTHING I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date
X		X	

Bank Use Only	Employee Initials _____	Appropriate Documentation Collected <input type="checkbox"/> Yes	OFAC Report Ran on Entity <input type="checkbox"/> Yes and Authorized Signers <input type="checkbox"/> Yes	DBA Accounts: _____ Pseudo Number: _____
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Business Information – CDD

To help us understand your account, fill this form out entirely.

Business Name: _____

DBA: _____

EIN/TIN: _____ Locations Under the Same EIN/TIN: _____ Type of Business: _____

Physical Address: _____

Mailing Address (If Different) _____

Phone Number: _____ Email: _____

Account Type: Checking Savings Loan Other _____

Account Purpose (if Checking account): General Operations Payroll Other _____

Is the Business Internet Based: Yes No

Answer Each of the Following:

Is the Business a Money Service Business (“MSB”)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Cash Checks for its Customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Transmit Money, Sell, or Convert Currency for its Customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Business a Non-Bank Financial Institution (“NBF”)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Business a Professional Service Provider? (i.e. Physician, Lawyer, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Business a Non-Government Organization (“NGO”) or Charity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Business a Cash-Intensive Business? (“CIB”)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Business a Cannabis-Related Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Business Engage in the sale of cannabis related products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Cannabis Related, is it <input type="checkbox"/> Hemp or <input type="checkbox"/> CBD products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Business Own or Operate ATMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Business Operate or Engage in Internet Gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Account Information

Source of Initial Deposit: Cash Check from Another Bank Bank Account with CSB/HSB Other _____

Check One for Each Category in Each Column:

Transaction Type	Number of Transactions/Month	Average Amount of Transaction
Cash Deposit	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000
Cash Withdrawal	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000
Incoming Wires – Domestic	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000
Incoming Wires – International	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000
Outgoing Wires – Domestic	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000
Outgoing Wires – International	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000
Remote Deposit Capture	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> >10	<input type="checkbox"/> \$0-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> >\$10,000

By signing this document, you agree that you have the authority to act on behalf of the above-named Business and certify that all information contain herein is true and correct.

Signature: _____

Position/Title: _____

Printed Name: _____

Date: _____

For Bank Use:

Branch Location:	Date Opened:	Account Number:
Employee Name:	Date Received:	

For Existing Customers: Update Information on iCore

Scan Form to customers LT portal under CIP