



McClave State Bank

McClave, CO 81057

(719) 829-4577

Customer Identification Checklist

The USA PATRIOT ACT that was signed into law on October 26, 2001 has placed a number of requirements on all financial institutions operating in the U.S. **ALL FINANCIAL INSTITUTIONS** are required to obtain, verify, and retain identification from all persons opening new accounts, renewing accounts, being added as signatories to existing accounts or purchasing financial instruments

Type of Account: Loan _____ DDA _____ Savings _____ CD _____
Safe Deposit Box Rental _____

Nature of Account: Personal _____ Business _____ Legal Entity _____
(e.g., corporation)

If this account is for a Business or other Legal Entity, is the Business or other Legal Entity involved in any way in Internet Gambling? Yes _____ No _____

Name of Account: _____

Name of Applicant: _____
(First, middle, and last name)

Street Address – Residential (No P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ **Taxpayer ID:** _____
(Social Security / EIN numbers)

Phone: Home _____ **E-Mail:** _____ **Business/Cell** _____

Valid Drivers License or State Issued ID: State: _____ Number: _____
Is photo on Drivers License or ID? Yes _____ No _____ Expiration Date _____

Are you a U. S. Citizen? _____ **Other** (e.g. Permanent Resident, Foreign Student) _____

Occupation, Business, or Profession: _____

Amount of Opening Deposit: \$ _____

Source of Funds: Cash _____ Check _____ Transfer _____

Will you cash checks for others? Yes _____ No _____

Will you sell Money Orders? Yes _____ No _____

Will you perform Wire Transfers? Yes _____ No _____ (Western Union, Moneygram etc.)

Type of Withdrawals / Deposits Typically made (check one or more):

Wire Transfers _____ Cash _____ Checks _____ Electronic Transfers _____
(Direct Deposit etc...)

Specify if other type: _____ Specify Foreign Transfer: _____

Please list beneficiary(s), if any (not for business accounts)? _____

(Please include full name, date of birth and social security number)

The information I have provided is correct to the best of my knowledge. I authorize McClave state Bank to check credit and/ or employment history should it be deemed necessary.

X _____ Date: _____
(Signature of authorized signer/ owner/ partner)

For Official Use Only:

Were all four required items verified and matched? Yes _____ No _____
(Name, address, date of birth, taxpayer identification)

If no list discrepancies and the method of resolution: _____

Was the applicant checked against OFAC? Yes _____ No _____

Overall Customer Risk: _____ Low _____ Moderate _____ High

If applicable the CIP checklist must be accompanied by:

Certification of Incorporation/ LLC-LLP Agreement _____
Corporate/ Non-profit Resolution _____ Credit Bureau/ Experian Report _____
Trade of Fictitious Name Certificate _____ Tax Return _____
Copy of Secretary of State filing _____ Other _____

Employee who verified applicants' information

X _____ Date _____

BSA Officer (or designated Officer) Review

X _____ Date _____