



## Customer Identification Profile Individual Account Application

### Important Information About Procedures for Opening A New Account:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number or employer's identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Portfolio Number

### Customer Information

Customer Name:			
Physical Street Address:	City	State	Zip
Mailing Address (if different):			
Previous Address if less than 2 years:			
Customer Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint (survivorship)	<input type="checkbox"/> POD
	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____	Date of Birth: / /
Mother's maiden name:	City and State of Birth:		
<b>Identification Number:</b> SSN from a U.S. person. If "TIN APPLIED FOR" status, refer to additional procedures. One or more identifying numbers (TIN preferred) from Non-U.S. person including Non-U.S. entity).			
<input type="checkbox"/> U.S. Taxpayer Identification Number:	<input type="checkbox"/> TIN Applied For:		
<input type="checkbox"/> Non-U.S. Person government Issued ID Number:			

### Additional Individual Customer Information

Home Phone: ( )	Business Phone: ( )
Cell Phone: ( )	Employer Name:
E-Mail Address: <i>(optional)</i>	Employer Address:
	Occupation: <i>(If applicable. Please note if unemployed, retired or student. If retired or unemployed state previous occupation/retired/unemployed)</i>
<b>Government Issued Photo Identification:</b>	
Number:	ID Type:
Issuing Government:	Issue Date:                      Expiration Date:
State Issued:	Verified With: <input type="checkbox"/> ChexSystem <input type="checkbox"/> OFAC on-line
	Issued By:
<b>Secondary ID:</b> Document Type:	Issue Date:                      Expiration Date:
<b>Nearest Relative Not Living With You:</b>	
Name:	Relationship:
Address City/State/Zip:	Phone:



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**As a full service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:**

Anticipated Account Activity – (Estimate based on a one month statement)

<b>Deposits</b>	<i>Number</i>	<input type="checkbox"/> <i>Cash</i> <input type="checkbox"/> <i>Check</i> <input type="checkbox"/> <i>ACH</i> <input type="checkbox"/> <i>Wire</i> <input type="checkbox"/> <i>All</i>	<i>Source</i>
<b>Withdrawals</b>	<i>Number</i>	<input type="checkbox"/> <i>Cash</i> <input type="checkbox"/> <i>Check</i> <input type="checkbox"/> <i>ACH</i> <input type="checkbox"/> <i>Wire</i> <input type="checkbox"/> <i>All</i>	
<b>Wire Activity (Incoming)</b>	<i>Number</i>	<i>Average \$Amount</i>	<i>Source</i>
<b>Wire Activity (Outgoing)</b>	<i>Number</i>	<i>Average \$Amount</i>	<i>Source</i>
<b>ATM Activity</b>	<i>Number</i>	<input type="checkbox"/> <i>Local Usage</i> <input type="checkbox"/> <i>Statewide Usage</i> <input type="checkbox"/> <i>Both</i>	

Previous Bank: \_\_\_\_\_

By signing this document, I authorize Pacific West Bank to verify all information provided, and to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Pacific West Bank products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date