

PAYABLE-ON-DEATH INFORMATION

Full Legal Name		
Street Address		
City/State/Zip		
Date of Birth		
Phone Number		Social Security Number

SECTION II: Complete this section for a BUSINESS/COMMERCIAL ACCOUNT

Business Type: Trust Sole Proprietorship
 Partnership LLC Non-Profit/Charity
 Corporation Other: _____

BUSINESS INFORMATION

Full Legal Name		
Street Address		
City/State/Zip		
Mailing Address		
City/State/Zip		
Business Phone		Business Fax
Tax ID Number		Type of Business
Cell Phone		Daytime Phone

AUTHORIZED SIGNER INFORMATION

Full Legal Name		
Street Address		
City/State/Zip		
Date of Birth		Social Security Number
Employer		Occupation/Job Title
Cell Phone		Daytime Phone

AUTHORIZED SIGNER INFORMATION

Full Legal Name		
Street Address		
City/State/Zip		
Date of Birth		Social Security Number
Employer		Occupation/Job Title
Cell Phone		Daytime Phone

SECTION III: TO BE COMPLETED BY EVERYONE

As a financial institution, we are required by Federal Law to know our customers. In order to do this we must obtain a reasonable understanding of the type of business and the activities your business is involved in. You may be required to complete this questionnaire each time an account is opened. Please answer all questions. Failure to answer questions may result in the inability to open the account.

Will cash transactions of greater than \$3,000 be conducted at least once per week on this account? Yes No

Will you be using electronic cash on this account? (i.e. PayPal, Google Wallet or Prepaid Cards) Yes No

If yes, please indicate usage:
1-3 Per Week
4-6 Per Week
More Than 6 Per Week

Will monetary instruments such as cashiers' checks and money orders be purchased from this account at least monthly? Yes No

Will money transfers be conducted on this account? (i.e. Wire Transfers) Yes No

Will international money transfers be conducted for this account? Yes No

If yes, please indicate country you expect to send/receive transfers:

Are you planning to use this account to do transactions in virtual currency? (i.e. Bitcoin or Altcoin) Yes No

SECTION IV: BUSINESSES ALSO ANSWER THE FOLLOWING QUESTIONS

Please indicate type of business: _____
(i.e. grocery store, chiropractor, etc.)

Is your business an MSB? Yes No

Does your business own/operate a private ATM? Yes No

Is your business affiliated in any way to the growth, use, or distribution of marijuana whether for medical purposes, or do/will you perform transactions in any way affiliated with the marijuana industry through this account? Yes No

Does your business participate in internet gambling? Yes No

Is your organization a Political Action Committee (PAC)? Yes No

Do you or will you do any of the following:
Cash checks (i.e. accept a check in exchange for cash?) Yes No
Sell, buy or exchange currency, including virtual currency? Yes No
Issue money orders or gift cards (stored value cards)? Yes No
Transmit money/offer money transfer services? (i.e. Western Union) Yes No

SECTION V: To be completed by potential customers who are NOT a US Citizen

(this includes those who are a resident alien or non-resident alien)

If you are not a US Citizen, what country are you a citizen of? _____

Have you ever held a position as a senior official in a foreign government entity or enterprise?

Yes No

Do you have a relationship with a current or former senior foreign political figure (such as immediate family member or close associate)

Yes No

SECTION VI: Signatures

Signatures: By signing below, all agree to terms and conditions of services, including any fees and charges, and that all information provided is true and accurate. The undersigned authorizes Community Bank of Wichita to verify credit by any means necessary.

Authorized Signer _____

Date _____

Phone Number _____

Email _____

Authorized Signer _____

Date _____

Phone Number _____

Email _____

Authorized Signer _____

Date _____

Phone Number _____

Email _____

Authorized Signer _____

Date _____

Phone Number _____

Email _____

Authorized Signer _____

Date _____

Phone Number _____

Email _____

Authorized Signer _____

Date _____

Phone Number _____

Email _____