NEW ACCOUNT APPLICATION

We are glad you are here! How did you hear about Community Bank?

☐ Referral ☐ Advertisement ☐ Internet

☐ Other: _____

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, and other information that will allow us to identify you. We will also ask to see your driver's license and other identifying documents.

What type of account are you interested in opening today?		
☐ Checking	☐ Savings	☐ Certificate of Deposit (CD)
☐ Money Market	☐ Safe Deposit Box	☐ IRA
Ownership type:	☐ Personal Complete Section I	☐ Business/Commercial Complete Section II
Account type:	☐ Individual	☐ Joint (with right of survivorship)
	☐ Payable on Death (POD)	☐ Joint (no right of survivorship)
Additional Products of Interest:	☐ Checks	☐ Debit/ATM Card
	☐ Phone Banking	☐ Online Banking / Billpay

SECTION I: Complete this section for a PERSONAL ACCOUNT

APPLICANT INFORMATION	Driver's License Number	

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

CO-APPLICANT INFORMATION	Driver's License Number	

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

Please turn over and complete the back page ➡

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:

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

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	

Please complete the next page ➡

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

Please turn over and complete the next page ➡

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_____

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