



PERSONAL APPLICATION

Important information about procedures for opening a new account as required by the USA PATRIOT ACT. 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 may also ask to see your driver's license or other identifying documents. **MEMBER FDIC**

APPLICATION INFORMATION

Legal Name (First, Middle, Last) _____ SSN _____

Birth Date _____ Cell Phone _____ Home Phone _____ Work Phone _____
mm/dd/yyyy

Email Address _____

Physical Address (no PO Boxes) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Previous Address if less than 5 years _____

ID Type: DL Passport State ID Other _____ State/Country of Issuance _____

ID Number _____ Issue Date _____ Exp. Date _____
mm/yyyy mm/dd/yyyy

Current Employer _____ Occupation _____
If retired or Unemployed, what was your occupation

Security Code for Identification _____ Hint Phrase _____
Max of 12 characters Helpful reminder if security code is forgotten

Preferred Method of Contact? PHONE MAIL EMAIL

COMPLETE ONLY IF OPENING CHECKING, MONEY MARKET, or HEATH SAVINGS ACCOUNT.

Minnesota Law requires the following information be provided by one applicant if you are applying for a transaction account. If you make a false statement in this document that you do not believe to be true, you are guilty of perjury.

Have you had a bank account at this or another financial institution within 12 months before making this application?

YES NO If yes, name of institution(s) _____

Have you had a transaction account closed by this or another financial institution without your consent within 12 months before making this application?

YES NO If yes, reason _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months before making this application?

YES NO If yes, name of institution _____

OTHER SERVICES

Online Banking YES NO

Mobile Deposit YES NO *Mobile Deposit is free

I hereby authorize New Market Bank to obtain a consumer report that relates to this application.

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I understand if the information requested is not provided within 30 days, my account may be closed.

Applicant Signature _____ Date _____

INTERNAL USE ONLY

CIP CHECKLIST

Name: _____ SSN: _____

Document verification: _____ DL _____ State ID _____ Other

Additional documentation received: _____

_____ Scanned to Synergy _____ Verified in Synergy

Risk Rating: _____ Low _____ Medium _____ High

_____ Saved to Synergy _____ Verified in Synergy _____ Approval Initials _____

OneSumX Verification:

_____ Risk ID Verification _____ Risk ID Authentication (if needed) _____ Qualifile (only for DDA & MM)

_____ OFAC _____ Loan Only

_____ Saved to Synergy _____ Verified in Synergy

Any discrepancies when verifying identifying information?

_____ Yes (refer to Red Flag form for more information) _____ No

Is there reasonable belief that the true identity of this customer is known:

_____ Yes _____ No (do not open account and contact BSA Officer)

ONLINE BANKING CHECKLIST

NetTeller ID: _____ **Date Loaded** _____

_____ **Loaded By** _____ **Verified By**

Mobile Deposit Added? _____ NO

_____ **Yes (inputted on MDA Website)** _____ **Verified By**

Address changed in last 30 days?

_____ Yes (complete Red Flag #19) _____ No

EE: _____ **DATE:** _____ **VERIFIED BY:** _____ **VERIFIED DATE:** _____ **SAVED TO SYNERGY:** _____