

**Peoples Savings Bank**  
**Non-Consumer Account Opening Application**  
Account Owners and/or Authorized Signers Application  
Non-Consumer Accounts Only

**Entity Information:**

Name of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

Please note PO Box holders must furnish physical address as well as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Authorized Signer/ Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please note PO Box holders must furnish physical address as well as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal Regulation requires the Bank have on file verification of customer's identification.

Please be prepared to have our staff review and copy driver's license or other photo identification

**Authorized Signer/ Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please note PO Box holders must furnish physical address as well as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal Regulation requires the Bank have on file verification of customer's identification.

Please be prepared to have our staff review and copy driver's license or other photo identification

**The information I have provided is correct to the best of my knowledge. I authorize Peoples Savings Bank to check credit and/or employment history should it deem necessary.**

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Signer

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Signer

**Business Information**

To be completed with customer assistance

Direct Deposits? Yes No (Circle One)
Wire Transfers? Yes No (Circle One)
ACH Origiation? Yes No (Circle One)
Loan? Yes No (Circle One) Consumer Commerical REMTG (Circle Types)
Loan Customer Since \_\_\_\_\_

Business Organization Type Trust/PDO Estate IOLTA Real Estate Trust Sole Proprietorship
Corporation Partnership LLC Franchise Other \_\_\_\_\_

Description of Business Activities \_\_\_\_\_

State in Which Business is Established: \_\_\_\_\_

**Transaction Information**

**Money Service Businesses**

Cash Checks Yes No (Circle One) If yes, volume per day per person \$ \_\_\_\_\_
Exchange Currency Yes No (Circle One) If yes, volume per day per person \$ \_\_\_\_\_
Sell Money Orders Yes No (Circle One) If yes, volume per day per person \$ \_\_\_\_\_
Transmit Money Yes No (Circle One) If yes, volume per day per person \$ \_\_\_\_\_
Issue/Sell Prepaid Cards Yes No (Circle One) If yes, volume per day per person \$ \_\_\_\_\_
Qualifies as Money Service Business Yes No (Circle One) Registration Date: \_\_\_\_\_

MSB has performed Due Diligence on any third pary services or paying agents Yes No (Circle One)
License # \_\_\_\_\_
If "delayed deposit dervice," currency exchanger or money transmitter Date of License: \_\_\_\_\_

**Non-MSB (High Risk Industries)**

Accountant Yes No (Circle One) Real Estate Broker Yes No (Circle One)
Attorney Yes No (Circle One) Restaurant/ Bar Yes No (Circle One)
Convenience Store Yes No (Circle One) Jewelry Yes No (Circle One)
Dealership Yes No (Circle One) Precious Metals Yes No (Circle One)
Grocery Store Yes No (Circle One) Lottery Ticket Sales Yes No (Circle One)
Liquor Store Yes No (Circle One) Other: \_\_\_\_\_ Yes No (Circle One)

**Types/ Volume of Financial Services Expected to be Used**

ACH Domestic Volume/mo. \$ \_\_\_\_\_ International Volume/mo. \$ \_\_\_\_\_
Countries involved: \_\_\_\_\_
Wire Domestic Volume/mo. \$ \_\_\_\_\_
Debit Card Limit per day \$ \_\_\_\_\_
Internet/Mobile Banking Transaction Non-Transaction (Circle One)
Mobile Deposit Limit per day \$ \_\_\_\_\_

**What is this form?**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

**Who has to complete this form?**

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

**What information do I have to provide?**

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

**II. CERTIFICATION OF BENEFICIAL OWNER(S)**

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Legal Entity Customer: \_\_\_\_\_ Port/CIF 1 #: \_\_\_\_\_

Date: \_\_\_\_\_

**Persons opening an account on behalf of a legal entity must provide the following information:**

a. Name and Title of Natural Person Opening Account:

\_\_\_\_\_

b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

\_\_\_\_\_

**OWNERSHIP<sup>2</sup>**

**c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above:**

Name	Date of Birth	Address (Residential/ Business Street Address)	For US Person: Social Security Number	For Non- US Person: SSN, Passport, and Country of Issuance or other similar ID number <sup>3</sup>	Percentage of Ownership	ID Type and Expiration date

<sup>[1]</sup> NOTE: The rule requires the FI to collect beneficial owners and control information for EACH new account. The port/CIF# field is optional for banks that choose to store this information at the customer level.

<sup>2</sup> The FI is not required to verify ownership interest of each individual and can rely on the information provided by the person opening the account.

<sup>3</sup> In lieu of a passport number, non-U.S. persons may also provide a Social Security Number, an alien identification number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**(If no individual meets this definition, please write "Not Applicable.")**

**CONTROL**

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

\_\_\_\_\_ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or

\_\_\_\_\_ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential/ Business Street Address)	For US Person: Social Security Number	For Non- US Person: SSN, Passport, and Country of Issuance or other similar ID number <sup>3</sup>	ID Type and Expiration Date

<sup>3</sup>In lieu of a passport number, non-U.S. persons may also provide a Social Security Number, an alien identification number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

\*\*\*\*\*Bank use only\*\*\*\*\*

Type of Account: \_\_\_\_\_

Checks Ordered: \_\_\_\_\_

Debit Card Issued:    Y   or   N

Account Opened By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Opening Deposit \$ \_\_\_\_\_

Source of Funds: Check \_\_\_\_\_ Cash \_\_\_\_\_ Internal Transfer \_\_\_\_\_

Privacy Policy Disclosure provided during account opening:    Y   or   N

Other Comments: \_\_\_\_\_

**BSA Check Off List:**

- |   |  |  |
|---|--|--|
| _____ Fill Out Entire Worksheet   | _____ Corporate Resolution                 | _____ Run OFAC and FinCEN                |
| _____ Get Copy of Articles of Incorporation   | _____ Copy all IDs: Ben Owners and signers | _____ Just run OFAC on Beneficial Owners |
| _____ Get 2 forms of proof of address if address is different on ID than what they give you | _____ Cert. of Standing (\$5 if we get)    |  |

