

**NEW CUSTOMER PRE-ACCEPTANCE FORM
INDIVIDUAL**

PROCEDURES FOR OPENING A NEW ACCOUNT RELATIONSHIP

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.

REQUIRED INFORMATION:

Full Name: Last _____ **First** _____ **Middle Initial** _____

Physical Residential Street Address (P.O. Box acceptable only for Military, APO or FPO addresses):

Mailing Address (P.O. Box address may be used for mailing purposes only; not for physical address above):

For Internal Office Use Only

SCREENING:
 Non-Retail: SCREENING completed on ___/___/___
 Retail: SCREENING NOT completed by staff. Deposits by nightly CBS processing; Loans by Community Lending.

CIP VERIFICATION – REQUIRED INFORMATION:

Tax ID Number (SSN): _____
Date of Birth: _____

Personal Phone: _____
Business Phone: _____

TWO FORMS OF CURRENT ID REQUIRED – refer to Customer Identification Program (CIP) Matrix for exceptions

Primary I.D.
 Driver's License/ State: _____
License Number: _____
Issued: _____ **Expiration:** _____
 ID Card/ State: _____
Card Number: _____
Issued: _____ **Expiration:** _____
 Military ID Card
Number: _____
Issued: _____ **Expiration:** _____
 Passport/ Country: _____
Number: _____
Issued: _____ **Expiration:** _____
 U.S. Alien Registration Card
Card Number: _____
Issued: _____ **Expiration:** _____
 Consular Card/ Country: _____
Number: _____
Issued: _____ **Expiration:** _____

Secondary I.D. (circle document if more than one choice)
 Tax Identification Number (TIN) Card
 (EIN / SSN / ITIN / ATIN)
 Credit Card/ Issuing Company: _____
Credit Card Number: (first four digits) _____
 Firearm License/ State: _____
License Number: _____
 Property Tax Bill OR Utility Bill
Acct No/ PIN No: _____
 Insurance Card, OR Student ID
Issuing Entity: _____
 Employer ID OR Membership ID OR Voter's Card
Issuing Entity: _____

Verification Method: (check one)
 Documentary (customer provided ID) **Non-Documentary** (verified through sources other than ID)

Customer Signature: _____
Date: _____

MB Financial Bank Representative: _____
Date: _____