



# 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 HEALTH 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** \_\_\_\_\_

**Accounts linked to Online Banking account:** \_\_\_\_\_

\_\_\_\_\_ Loaded By \_\_\_\_\_ Verified By

**Mobile Deposit Added?** \_\_\_\_\_ NO **If yes, accounts linked to mobile deposit:** \_\_\_\_\_

\_\_\_\_\_ 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:** \_\_\_\_\_