

# Consumer Application - Customer Verification Form

Please print this application form and submit this along with the required documentation in the mail. For more information please refer to the instruction page.

**COMPLETE A SEPARATE FORM FOR EACH SIGNER**

In order to complete the account opening, the following information is required

Last Name	First Name	Middle	/ /	Date of Birth	Social Security Number or iTIN
Home Address-Street Address - NO P.O. BOXES ALLOWED			Unit/Apt #	DL State	D/L Number
City	State	Zip	/ /	D/L Issue Date	D/L Expiration Date

Employer Name	Home Phone Number	Work Phone Number
Employer Address	City, State, Zip	Cell Number (if applicable)
E-mail Address	City/Town of Birth	Mother's Maiden Name
		State of Birth

Account Title	TIN # of Individual-Entity(Estate/Trust)	Interest Rate
Term of CD or IRA	Amount \$	Interest Payment Method <input type="checkbox"/>
		COMPOUND <input type="checkbox"/> MONTHLY CHECK <input type="checkbox"/> TRANSFER (include voided check) <input type="checkbox"/>
Type of Ownership		
<input type="checkbox"/> Individual	<input type="checkbox"/> Roth IRA Account	If more than one beneficiary, attach the information to this form Beneficiary Name _____ Address-City, State, Zip _____ Social Security Number _____ Date of Birth _____
<input type="checkbox"/> Joint w/Survivorship	<input type="checkbox"/> Formal Trust (such as Living Trusts)	
<input type="checkbox"/> Custodial for Minor	<input type="checkbox"/> Revocable Trust or Payable on Death (POD)	
<input type="checkbox"/> Traditional IRA Account		

<input type="checkbox"/> Money Market Account*	Account Title _____	TIN # of Individual-Entity(Estate/Trust) _____
<input type="checkbox"/> Checking Account*	Account Title _____	TIN # of Individual-Entity(Estate/Trust) _____
<input type="checkbox"/> Savings Account*	Account Title _____	TIN # of Individual-Entity(Estate/Trust) _____
*Checking & Savings can only be opened when combined with either CD/IRA		

Acceptable form of Primary ID Select one from this group	Acceptable form of Second ID for Address Select one from this group	For Checking or Savings Account Only Select one from this group
<input type="checkbox"/> State Drivers License or Canadian <input type="checkbox"/> State ID Card or New York State Benefit ID <input type="checkbox"/> Military ID Card <input type="checkbox"/> Passport <input type="checkbox"/> US Alien Registration <input type="checkbox"/> Government Issued ID <input type="checkbox"/> Consular Matricular Card	<input type="checkbox"/> Credit Card bill w/current address <input type="checkbox"/> Utility Bill w/current address <input type="checkbox"/> Voter Registration w/current address <input type="checkbox"/> Bank Statement w/current address <input type="checkbox"/> Payroll Stub w/current address <input type="checkbox"/> Property Tax Bill w/current address	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Firearm License <input type="checkbox"/> Insurance Card <input type="checkbox"/> Company Identification <input type="checkbox"/> Organizational Membership Card <input type="checkbox"/> Birth Certificate

By signing below, I understand that under the USA Patriot Act, Mutual Bank is obligated to verify the identity of each customer opening a new account or each new owner being added to a deposit, loan, trust or safe deposit account.

I understand and agree that if Mutual Bank is not able to verify the identity of all of the owners of this account or authenticate any of the documents or document information, Mutual Bank will not open the account.

Date \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

**For Bank Use Only:**

Census Track/	OFAC/	Source of Funds	\$ Amount	CSR Name	Phone #	Branch Name & No.
Non-Documentary Verification			Extended Non-Documentary Verification			
<input type="checkbox"/> Kroll Factual Data-Includes OFAC*			<input type="checkbox"/> ChexSystems* <input type="checkbox"/> Other: Phone Call-Verify Employment-Welcome Letter _____			
*For all accounts			*Required for checking & savings			
REMEMBER --- RESOLVE AND DOCUMENT ALL DISCREPANCIES						

Attach completed form, Kroll Report, copy of Drivers License & any other supporting documents to signature card. Retain at branch for 5 years after account closes.

# Customer Verification Form - Part 2

Complete separate form for each signer

If you are not a U.S. citizen, how long do you expect to remain in the U.S.?

If not a U.S. citizen, send all opening documents to BSA Dept.

If you are not a U.S. citizen, do you have permission to work in the U.S.?

If not a U.S. citizen, send all opening documents to BSA Dept.

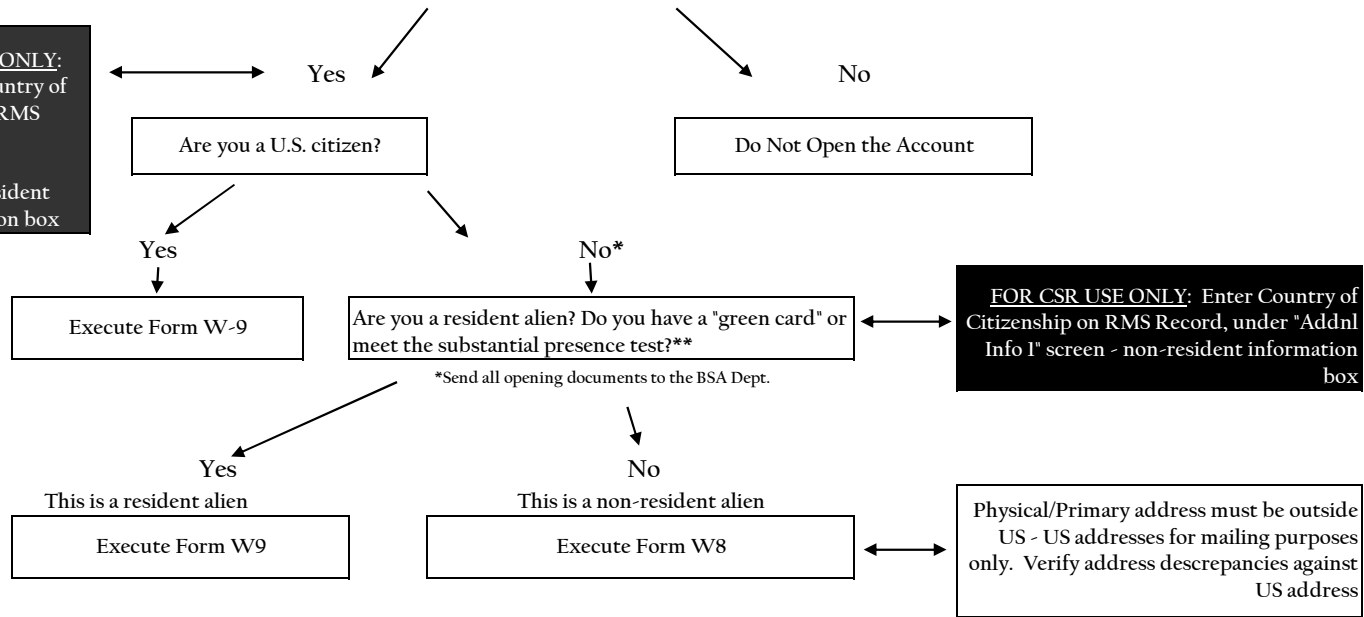
Are you or any of your relatives or associates connected to the government of a country other than the United States?

If yes, please explain

If yes, send all opening documents to BSA Dept.

Do you have a Taxpayer Identification Number?

**FOR CSR USE ONLY:**  
Enter US as country of citizenship on RMS record, under: "Addnl Info 1" screen/Non-resident alien information box



\*\*Bank Personnel should not offer advice or assist in making this determination