

TRUSTBANK™

PERSONAL ACCOUNTS INFORMATION

The following information will be requested at the time of opening an account:

1. A completed Personal Accounts Information Form. (Form is a part of this document. Scroll down to electronically enter data.) ***Each person on the account must complete a separate form.***
2. Identification. Please bring an unexpired government issued identification evidencing nationality or residence and bearing a photograph or similar safeguard, such as a driver's license, state issued ID card, military card, or passport.

If you are unable to present the form and(or) identification in person, please attach a copy of your identification and have the form notarized.

NOTICE

CUSTOMER IDENTIFICATION PROGRAM

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, TrustBank™ will ask 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.

TRUSTBANK™
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First Name: _____ Middle Initial: _____ Last Name: _____

Physical (Street) Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

(If different from street address)

City: _____ State: _____ Zip Code: _____

U.S. Citizen: Yes No If "No", please give country of citizenship: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Home Phone Number: _____

Cell Phone Number: _____ E-mail Address: _____

Employer: _____ Work Phone Number: _____

Employer Address: _____

Occupation: _____ Mothers Maiden Name or Code: _____

Driver's License #: _____ Issuing State: _____ Issue Date: _____ Exp. Date: _____

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

X _____ Date _____
(Signature of account owner or authorized signer)

Federal regulation requires that the Bank have on file verification of a customer's identification.

BANK USE ONLY:

Documentation Verification:

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> State Drivers License | Place of Issue _____ | Acct. Types Opened _____ |
| <input type="checkbox"/> State ID Card | ID Number _____ | <input type="checkbox"/> ATM/CheckCard <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> Military ID Card | Issue Date _____ | Source of Funds _____ |
| <input type="checkbox"/> Passport | Expiration Date _____ | Customer Risk Rating _____ |
| <input type="checkbox"/> Alien Registration Card | | |
| <input type="checkbox"/> Other (Please list) _____ | | |
- (If using other, must have 2 forms of acceptable ID)

Non-Documentary Verification: _____

List Discrepancies and How Resolved: _____

Employee Signature: _____ Date: _____ OFAC List: _____