



Non-Consumer Account Application

Legal Name of Account Owning Individual or Entity \_\_\_\_\_

Doing Business as Name \_\_\_\_\_

Organizational Structure
[ ] For Profit [ ] Non-Profit Organization TIN or EIN \_\_\_\_\_
[ ] Corporation State where Incorporated \_\_\_\_\_ Date \_\_\_\_\_
[ ] Limited Liability Company State where Incorporated \_\_\_\_\_ Date \_\_\_\_\_
[ ] Limited Partnership State Where Filed \_\_\_\_\_ Date \_\_\_\_\_
[ ] General Partnership Written Agreement? Y or N Date \_\_\_\_\_
[ ] Trust Written Agreement? Y or N Date \_\_\_\_\_
[ ] Sole Proprietorship [ ] Other Structure -- Describe \_\_\_\_\_
[ ] Single Member LLC

Telephone # of Organization \_\_\_\_\_

Physical Address of Organization (Must be a Street address, no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Purpose of Organization; Description of Products/Services Offered; Clientele/Geographic Areas Served \_\_\_\_\_

Does this organization provide financial services? Yes No Is this organization involved in gambling of any kind? Yes No

Account Type Requested \_\_\_\_\_ Account Number \_\_\_\_\_
To be completed by SSB

Purpose of Account \_\_\_\_\_

Description Of First Deposit \$ \_\_\_\_\_ Cash OR \$ \_\_\_\_\_ Check, OR \$ \_\_\_\_\_ Wire Transfer

from \_\_\_\_\_, OR SSB Loan Advance.

Payment Systems requested: ACH Origination Debit/Credit Card Remote Deposit Capture

Estimated Deposits \$ \_\_\_\_\_ per \_\_\_\_\_ % Cash \_\_\_\_\_ Estimated Withdrawals \$ \_\_\_\_\_ per \_\_\_\_\_ % Cash \_\_\_\_\_

Wire Transfers No Yes If yes, Wire Transfer Frequency \_\_\_\_\_ International Wires? No Yes If Yes, Countries \_\_\_\_\_

Private ATM: No Yes-If yes, complete ATM Due Diligence Form (to be completed by SSB Employee)

Will you require regular cash orders? No Yes Will you require regular cash exchange? No Yes

Will any cash deposit or withdraw be greater than \$5,000 on a regular basis? No Yes

Reason for Choosing State Savings Bank \_\_\_\_\_

Prior or Other Banking Relationships \_\_\_\_\_ Bank Name \_\_\_\_\_ City/State \_\_\_\_\_

Prior or Other Banking Relationships \_\_\_\_\_ Bank Name \_\_\_\_\_ City/State \_\_\_\_\_

Financial Institution Use Only

Verification Articles: SOS CORP TA PA TR FS CR ID Flag CS Other - \_\_\_\_\_

Discrepancies? OFAC - Risk Rating -

SSB Employee's Initials \_\_\_\_\_ Date \_\_\_\_\_ SSB Employee's Initials \_\_\_\_\_ Date \_\_\_\_\_



**Individuals who are Members/Partners/Shareholders/Trustees/Signers**

A copy of an unexpired, government issued, picture ID, preferably a driver's license is required.

1. \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tax ID Number \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 4-Digit PIN \_\_\_\_\_  
 Occupation/Business/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tax ID Number \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 4-Digit PIN \_\_\_\_\_  
 Occupation/Business/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

3. \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tax ID Number \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 4-Digit PIN \_\_\_\_\_  
 Occupation/Business/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

4. \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tax ID Number \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 4-Digit PIN \_\_\_\_\_  
 Occupation/Business/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

5. \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tax ID Number \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 4-Digit PIN \_\_\_\_\_  
 Occupation/Business/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify the above information is true and accurate. I understand that if any information is found to be false, State Savings Bank has the right to close my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Commercial Customer Certification Regarding Internet Gambling

\_\_\_\_\_ (name of organization)

\_\_\_\_\_ (type of entity) organized in \_\_\_\_\_

As officers or owners of the above referenced organization, we acknowledge that the bank is required by regulations implementing the Unlawful Internet Gambling Enforcement Act of 2006 and its implementing regulations to perform due diligence in assuming that its commercial customers' accounts do not receive deposits from illegal Internet gambling.

Under penalties of perjury, I hereby state that the accounts in any variation of this name or any "doing business as" name attached to this organization are not used in connection with illegal activity of any kind including but not limited to Internet gambling. Further, we agree to notify this bank in writing immediately if any of our accounts are used in connection with such activities in the future.

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

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

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

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