

To open your new account with us, fill in this form, print, sign and bring to your nearest Plains Commerce Bank to meet with one of our knowledgeable Retail or Business Bankers.

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 may ask for name, address, date of birth and other information that allows us to identify you. We may also ask to see your driver's license (DL) or other identifying documents.

Will the account be cash intensive?    Yes    No  
If yes, will cash be in excess of \$3,000 in and/or out?    Yes    No

Will this account use wire transfers?    Yes    No  
If yes, how often? \_\_\_\_\_

Are you a money services business?    Yes    No

Is your business organization in any way involved in internet gambling activities?    Yes    No

Will you engage as an exchange in virtual currency or in the marijuana business?    Yes    No

## Business Accounts Only

Name of Business Entity

Physical Address

Mailing Address

SSN/TIN

Phone (Home/Cell/Work)

E-mail

<b>Select One</b>	Association	C Corporation	S Corporation	Corporation Non-Profit
	LLC	Partnership	Sole Proprietorship	

I/We certify that everything I/we have stated in this application and on any attachments is correct. Plains Commerce Bank (Bank) may keep this application whether or not it is approved. By signing below, I authorize Bank to check my credit and answer questions others may ask Bank about my credit record with the Bank.

Signature

Date

Signature

Date

**Authorized Signers:**

1)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN

Date of Birth

DL State Issued

DL Number

Expiration Date

Phone (Home/Cell/Work)

E-mail

2)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN

Date of Birth

DL State Issued

DL Number

Expiration Date

Phone (Home/Cell/Work)

E-mail

3)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN

Date of Birth

DL State Issued

DL Number

Expiration Date

Phone (Home/Cell/Work)

E-mail