



**THE STATE EXCHANGE BANK**  
SINCE 1901

**CONSUMER CUSTOMER IDENTIFICATION**

**ACCOUNT TYPE:**

INDIVIDUAL	JOINT TENANTS	POD BENEFICIARY	FIDUCIARY CUSTODIAN	TRUST	OTHER:
------------	---------------	-----------------	---------------------	-------	--------

ACCOUNT TITLE:	
PRIMARY OWNER NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:
PURPOSE FOR ACCOUNT:	

SECONDARY OWNER NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

**ADDITIONAL SIGNER(S):**

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:



CONSUMER ACCOUNT INFORMATION:

PROFILE QUESTIONS:	YES/NO
Was this account opened in person?	
Are you a U.S. citizen? If no, are you a resident alien?	
Are you an elected official?	
Is any authorized signer a politically exposed person?	
Are you moving funds from an account at another institution? If so, name of the financial institution:	
Does any of your income come from writing orders for or from the sale, growth, dispensing or transportation of Marijuana, CBD or Hemp?	
Do you work for anyone whose income comes from writing orders for or from the sale, growth, dispensing or transportation of Marijuana, CBD or Hemp?	

ANTICIPATED ACCOUNT ACTIVITY:

What is your expected account usage?	General/personal	Other: Specify
--------------------------------------	------------------	----------------

# Deposits/Month Estimate	
\$ Deposits/Month Estimate	
Withdrawals/Month Estimate	
Will you be making cash deposits? If so, monthly estimate	
Will you be receiving domestic or foreign wires?	
Will you be sending domestic or foreign wires?	
Do you anticipate purchasing monetary instruments? Money Orders Cashier’s Checks	
Do you anticipate receiving ACH debits?	
Do you anticipate automatically receiving payroll, Social Security or other income into the account? List of entities:	

BENEFICIARIES:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY: