

Bonanza Valley State Bank
New Consumer Account Worksheet

Please Print

Date:	*Signature:
Full Legal Name:	Social Security Number:
Physical Street Address: Mailing Address:	City, State, Zip Code:
Date of Birth:	U.S. Citizen? Yes No <small>(For Identification Purposes Only, Passport Required if Non-U.S. Citizen)</small>
Home Phone Number:	Email Address:
Cell Phone Number:	Years at Address:

Beneficiary / Payable on Death (POD)

Full Legal Name:	Social Security Number:
Physical Street Address: Mailing Address:	City, State, Zip Code:
Date of Birth:	U.S. Citizen? Yes No <small>(For Identification Purposes Only, Passport Required if Non-U.S. Citizen)</small>
Home Phone Number:	Email Address:
Cell Phone Number:	<input type="checkbox"/> I wish to not designate a POD at this time

Customer Identification Program

Identification Number: <small>(Driver's License or Other)</small>	State / Government of Issuance:
Expiration Date of ID:	Issuance Date of ID:

Customer Due Diligence

Type of Account(s):	Account Opening Method: In person Internet
Amount of Initial Deposit:	Source of Initial Deposit: Check Cash Wire Transfer
Employer:	Electronic Payroll Deposits: Yes No
Employer Address:	Want paper statements? Yes No
	Consolidate with checking account? #
	Any other electronic deposits expected:
Position or Title:	Types of Products / Services Expected & Amount: Loans Wires Monetary Instruments ACH Bill Pay Currency Exchanges Trust Services
Nearest Relative Name & Number:	

Verification References

Factual Data or Other Report:	OFAC Checked:
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* By signing this form, I consent to allow the institution to review my credit history prior to account opening.

For Internal Bank Use Only

Account # Assigned:	Miscellaneous Code:
Employee Taking Application:	High Risk Customer:
Date Sent to BSA Officer:	Date of Next Review:

Bonanza Valley State Bank

NEW TRANSACTION ACCOUNT INFORMATION FORM

Minnesota law requires the following information to be provided if the account is a transaction account.

If you make a false statement below, you are guilty of perjury.

1. Have you had a transaction account at BVSB or another financial institution within 12 months before making this application?

_____ Yes _____ No

2. Have you had a transaction account closed by a financial institution without your consent within 12 months of making this application?

_____ Yes _____ No

3. Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application?

_____ Yes _____ No

Date Completed:

Signature:
