



ColomboBank



PERSONAL DEPOSIT ACCOUNT APPLICATION
TO BE COMPLETED BY CUSTOMER

USA PATRIOT Act Disclosure. To help the government combat 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 or makes application for a loan.

Primary Account Owner Information:
First Name: MI: Last Name: (Indicate Jr. Sr. I, II, III etc.)
Street Address (Physical Address): Apt/Unit #
City: State: Zip Code:
Previous Address (if current is less than 1 year): Apt/Unit #
City: State: Zip Code:
Mailing Address (PO Box): Apt/Unit #
City: State: Zip Code:
Date of Birth: (month/day/year) SS #/Tax ID: E-mail Address:
Cellular/Mobile#: Work#: Home#:
Name of Employer/Business: How Long:
Employer's Address: Occupation:

Source of Funds to be deposited: Wages/Payroll Pension/Retirement Account(s) at other Bank Other
Account Purpose: Personal Household Savings Retirement Minor Other
Activity Type: Direct Deposit Paper Checks/Books Online Banking Bill Pay Mobile Banking Sweep
Expected Average Balance per month: > \$5,000 \$5,000 - \$10,000 \$10,001 - \$50,000 <\$50,000

AGREEMENT

By completing the above application I am providing information for the purpose of obtaining an account and I authorize Colombo Bank to obtain additional information concerning any of the statements I have made.

I understand that this application is subject to Colombo Bank verification and approval.

I have received a copy of the Terms and Conditions for the type of account opened and a copy of the banks Funds Availability Policy and Bank Secrecy Act/Patriot Act Disclosure.

X Signature of Account Owner/Authorized Signer

Date:



ColomboBank



PERSONAL DEPOSIT ACCOUNT APPLICATION
TO BE COMPLETED BY ACCOUNT CO-OWNER/AUTHORIZED SIGNER

Secondary Account Owner Information:			
First Name:	MI:	Last Name:	(Indicate Jr. Sr. I, II, III etc.)
Street Address (Physical Address):			Apt/Unit #
City	State:	Zip Code:	
Previous Address (if current is less than 1 year):			Apt/Unit #
City:	State:	Zip Code:	
Mailing Address (PO Box):			Apt/Unit #
City:	State:	Zip Code:	
Date of Birth: (month/day/year)	SS #/Tax ID:	E-mail Address:	
Cellular/Mobile#:	Work#:	Home#:	
Name of Employer/Business:		How Long:	
Employer's Address:		Occupation:	

*******AGREEMENT*******

By completing the above application I am providing information for the purpose of obtaining an account and I authorize Colombo Bank to obtain additional information concerning any of the statements I have made. I also authorize Colombo Bank to make inquiries they feel are necessary to determine my credit worthiness including, but not limited to, obtaining credit reports from credit reporting agencies and other credit information from other sources.

I understand that this application is subject to Colombo Bank verification and approval.

I have received a copy of the Terms and Conditions for the type of account opened and a copy of the banks Funds Availability Policy and Bank Secrecy Act/Patriot Act Disclosure.

X _____ Date: _____
Signature of Co-Owner/Authorized Signer

KNOW YOUR CUSTOMER/RELATIONSHIP INTAKE SHEET
TO BE COMPLETED BY BRANCH/DEPOSIT PERSONNEL
AT ACCOUNT OPENING

CUSTOMER NAME: _____ **PORTFOLIO NUMBER:** _____

SELECT ONE OR MORE OF THE RATINGS LISTED BELOW AS IT PERTAINS TO THE ENTIRE CUSTOMER RELATIONSHIP NOT JUST THE NEWLY OPENED ACCOUNT.

KNOWN TO THE BANK	<u>Level of Risk</u>	<u>Rating This Section</u>
• New Customer – Unknown to the Bank	<input type="checkbox"/> HIGH-3	_____
• Former Customer – Known to the Bank	<input type="checkbox"/> MODERATE-2	
• Existing Customer – Known to the Bank	<input type="checkbox"/> LOW-1	

NUMBER OF ACCOUNTS	<u>Level of Risk</u>	<u>Rating This Section</u>
• 5 or more deposit and or loan accounts	<input type="checkbox"/> HIGH-3	_____
• 2 to 4 deposit and/or loan accounts	<input type="checkbox"/> MODERATE-2	
• 1 deposit or loan account	<input type="checkbox"/> LOW-1	

ACCOUNT ACCESS/AUTHORIZED SIGNERS	<u>Level of Risk</u>	<u>Rating This Section</u>
• Sole or Joint ownership with 3 or more authorized signers	<input type="checkbox"/> HIGH-3	_____
• Joint account with 2 signers	<input type="checkbox"/> MODERATE-2	
• Account with Minor access to funds	<input type="checkbox"/> MODERATE-2	
• Institutional Account with authorized signer(s)	<input type="checkbox"/> MODERATE-2	
• Pay-on-Death Accounts	<input type="checkbox"/> MODERATE-2	
• Sole ownership with 1 signer	<input type="checkbox"/> LOW-1	

CUSTOMER TYPE	<u>Level of Risk</u>	<u>Rating This Section</u>
<i>Consumer or Business/Commercial</i>		_____
1. Higher Risk Customer Type (See BSA Program Appendix E for full list)	<input type="checkbox"/> HIGH-3	
• New Business Type or Line of Business		
• Higher Risk Occupation/Industry		
• Temporary Residency/Foreign National		
• Attorney/Agent/Custodian/Accountant/Trustee		
• Derogatory History info/fraud alerts – ChexSystems/Equifax		
2. Moderate Risk Customer Type	<input type="checkbox"/> MODERATE-2	
• Nominal or isolated instances of overdrafts/NSFs		
• Some derogatory info/fraud alerts – Explained and Reasonable		
• Nominal or isolated instances of late payments on loans		
3. Low Risk Customer Type, Account Type(s)/Activity	<input type="checkbox"/> LOW-1	
• No history of overdrafts/NSFs		
• No derogatory info/fraud alerts – ChexSystems/Equifax		
• Pays loans on time and up to date		

HIGHER RISK CUSTOMER ACCOUNT HISTORY Level of Risk Sum of all Ratings This Section

Based on known and researched account history for all accounts in the customer relationship, check off one or more of the following risk ratings as applicable.

• Defaulted or Habitually Late on Loan payments	<input type="checkbox"/> HIGH-3	_____
• History of frequent overdrafts/NSFs in Current Accts	<input type="checkbox"/> HIGH-3	
• Fraud Alert shows multiple attempts to open accounts	<input type="checkbox"/> HIGH-3	
• Substantial derogatory info/fraud alerts (Fraud, Account Abuse, NSF's, OD)	<input type="checkbox"/> HIGH-3	
• <i>None of the above noted</i>	<input type="checkbox"/> ENTER "0" for "Sum of all Ratings This Section"	

KNOW YOUR CUSTOMER/RELATIONSHIP INTAKE SHEET
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AT ACCOUNT OPENING

SELECT ONE OR MORE OF THE RISK RATINGS LISTED BELOW FOR ALL ACCOUNTS/ PRODUCT TYPES WITHIN THE RELATIONSHIP

<u>ACCOUNT/PRODUCT TYPES</u>	<u>Level of Risk</u>	<u>Sum of all Ratings This Section</u>
<p>1. Higher Risk Account/Product Types</p> <ul style="list-style-type: none"> • Classic Checking • Focus Free Business Checking • Business Checking • Small Business Checking • NOW Interest Checking • Commercial NOW Interest Checking • Safe Deposit Box • Other Consumer/Unsecured • Commercial Real Estate • Acquisition Development &Construction • RDC or ACH 	<input type="checkbox"/> HIGH-3	<hr style="width: 100%; border: 0.5px solid black;"/>
<p>2. Moderate Risk Account/Product Types</p> <ul style="list-style-type: none"> • Escrow • HELOC • Statement Savings or Minors Savings • Money Market Deposit (<i>Personal and Business</i>) • Promotional MM • Auto Refinance or Purchase • Personal Line of Credit (Overdraft) • Residential Loan • Equipment and Expansion Financing • Receivables and Working Capital Lines of Credit • Participation Loan 	<input type="checkbox"/> MODERATE-2	<hr style="width: 100%; border: 0.5px solid black;"/>
<p>3. Low Risk Account/Product Types</p> <ul style="list-style-type: none"> • IRAs • IOLTAs • Certificates of Deposit (<i>Personal and Business</i>) • Institutional/Qwickrate CD's • Term Loan • SBA 7A, 504 	<input type="checkbox"/> LOW-1	<hr style="width: 100%; border: 0.5px solid black;"/>

SELECT ONE OR MORE OF THE RATINGS LISTED BELOW ONLY AS IT APPLIES TO THE KNOWN AND/OR EXPECTED DEPOSIT ACTIVITIES FOR THE CUSTOMER RELATIONSHIP

<u>KNOWN/EXPECTED ACTIVITY</u>	<u>Level of Risk</u>	<u>Sum of all Ratings This Section</u>
<p>1. Higher Risk Account Activities</p> <ul style="list-style-type: none"> • Monthly Wire Transfers (Domestic/International) receiver/initiator • Frequent large Cash deposits/withdrawals (\$10,000 or more) /per month • High transactional activity (deposits, withdrawals or transfers) per month • Loan Payments Made in Cash • Average transactions totaling \$500,000 or more per month • Five (5) or more monetary instruments acquired/deposited per month • Mobile deposits 	<input type="checkbox"/> HIGH-3	<hr style="width: 100%; border: 0.5px solid black;"/>

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2. Moderate Risk Account Activities **MODERATE-2**

- ACH Originator
- Checks deposited by Remote Deposit Capture
- One time and Repetitive ACH (Credit/Debit) ATM/Debit Card transactions
- Occasional or monthly Wire Transfer (Domestic/International) receiver/initiator
- eBanking Online Payments
- Occasional large Cash deposits/withdrawals (\$10,000 or more) /per month
- Moderate transactional activity (deposits, withdrawals or transfers) per month
- Average transactions totaling between \$10,000 and \$499,999 per month
- Two (2) to four (4) monetary instruments acquired/deposited per month

3. Low Risk Account Activities **LOW-1**

- Direct Deposit
- Infrequent or no (0) ACH (Credit/Debit) ATM/Debit Card transactions
- Infrequent or one time Wire transfers (Domestic) received/initiated
- Infrequent or Nominal Cash/Other Deposit Items
- Infrequent or Nominal transactional activity (deposits, withdrawals or transfers) per month
- Average transactions totaling \$10,000 or less per month
- Infrequent or no (0) monetary instruments acquired/deposited per month

Overall Customer Relationship BSA Risk Rating

Add the "Sum of all Ratings this Section" values then divide by the seven (7) Categories/Sections evaluated and rounded up to the nearest whole number.

Subtotal of "Sum of All Ratings This Section"

(Divided by (÷) Categories/Sections Evaluated: **7**)

Equals Overall BSA Risk Rating:

Select the Overall Customer Relationship BSA Risk Rating: High – 3 Moderate – 2 Low – 1

Example # 1

Category/Section	Example Answers	Level of Risk	Sum of all Ratings This Section
1. Known to the Bank	New Customer	High Risk – 3	3
2. Number of Accounts	2 to 4 deposit and/or loan accounts	Moderate – 2	2
3. Account Access/Authorized Signers	Joint Account with 2 signers	Moderate – 2	2
4. Customer Type	Low Risk Customer Type: No history or account abuse, late loan payments or other derogatory information on ChexSystems/Fraud Report	Low – 1	1
5. Higher Risk Customer Account History	None of the above noted No derogatory account history	None – 0	0
6. Account/Product Types	Classic Checking Statement Savings IRA	Moderate – 2 Low – 1	3
7. Expected/Current Account Activity	One Time and Repetitive ACH (ATM/Debit Card) eBanking Online Payments Moderate transactional activity	Moderate – 2	2
Subtotal			13

Subtotal Risk Ratings: 13 (divided by (÷) 7 Categories/Sections evaluated = **1.85** rounded up to the nearest whole number is **2** which represents an **Overall BSA Risk Rating of Moderate Risk - 2** for the Customer/Account Relationship.

Note: Round the number up to nearest whole number.

Completed By: Name: _____ Signature: _____ Date ____/____/____

BSA/Compliance Verification: _____ Date ____/____/____

**NEW PERSONAL DEPOSIT ACCOUNT CHECKLIST
TO BE COMPLETED BY BRANCH/DEPOSIT PERSONNEL**

LEFT SIDE OF FOLDER (top to bottom)

	New Acct. Rep	Operations
PRIMARY IDENTIFICATION <i>(Government Issued Photo ID)</i>		
SECONDARY IDENTIFICATION <i>(Other Government Issued ID)</i>		
ALTERNATIVE IDENTIFICATION <i>(Verify that ID used is acceptable and that reasons primary and secondary were not provided have been documented)</i>		
EFUNDS REPORT <i>(Read report; if accounts have been charged off contact supervisor for approval)</i>		
NOTICE OF ADVERSE ACTION- EFUNDS <i>(If applicable)</i>		
EQUIFAX FRAUD ADVISOR REPORT <i>(Fraud Alerts must be resolved <u>before opening and funding the account</u>)</i>		
EQUIFAX OFAC REPORT <i>(Response must be "No OFAC Data Reported" if any other response is received must report this to the BSA Officer and/or BSA Manager. The account cannot be opened and/or funded until Compliance clearance and approval is received)</i>		
(Repeat for all Applicants)		

RIGHT SIDE OF FOLDER (top to bottom)

	New Acct. Rep	Operations
PERSONAL NEW ACCOUNT APPLICATION CHECKLIST <i>(Completed and signed)</i>		
NEW ACCOUNT APPLICATION <i>(Completed including CUSTOMER DUE DILIGENCE section)</i>		
SOCIAL SECURITY NUMBER <i>(For US Citizens, Resident Aliens, and Certain Foreign Nationals)</i>		
SIGNATURE CARD <i>(Completed and Initialed on back)</i>		
SOURCE OF FUNDS SELECTED <i>(Cash or check selected on signature card for initial deposit)</i>		
TERMS OF ACCOUNT FORMS <i>(Initialed by customer)</i>		
ACCOUNT INFORMATION SHEET <i>(Initialed by customer)</i>		
EFT DISCLOSURE <i>(Initialed and signed by customer)</i>		
REG CC DISCLOSURE and FEE & SERVICE CHARGE SCHEDULE		
PRIVACY STATEMENT GIVEN TO CUSTOMER <i>(Must be initial by Account Rep)</i>		
CHECK CARD/DEBIT CARD ORDER FORM		
CONVENIENCE SIGNERS DOCUMENTATION <i>(Power of attorney or documents granting authority To sign checks)</i>		
IRA CUSTODIAN DOCUMENTS (if applicable)		

NEW PERSONAL DEPOSIT ACCOUNT CHECKLIST TO BE COMPLETED BY BRANCH/DEPOSIT PERSONNEL

RIGHT SIDE OF FOLDER (top to bottom)

	New Acct. Rep	Operations
TRUST ACCOUNTS Need Copy of Revocable Living Trust/Irrevocable Testamentary Trust <i>If the document is too voluminous, then obtain a Trust Synopsis/Summary if available or the first and last page of trust and any other pages showing the trustees and beneficiaries authority, rights, terms, signers of the trust Trustees/Grantors</i>		
FUNERAL TRUST ACCOUNTS		
a. Need copy of Last Will and Testament, Estate or Trust Agreement showing the funeral home's authority		
b. Need W-9 Certified by the Would-Be Decedent		
COURT APPOINTED PERSONAL FIDUCIARY (Court Issued document granting fiduciary authority from the Court)		
SOCIAL SECURITY REPRESENTATIVE PAYEE		
a. Need letter from the Social Security Administration naming the Representative Payee. <i>(Do not commingle the funds from Social Security with other funds of the Representative Payee)</i>		
b. If Representative Payee is a Nursing Home, need the Nursing Home's Employer Identification Number or Tax ID Number		
ESTATE ACCOUNTS		
a. Need a copy of the Last Will and Testament or Estate Agreement showing the Executor's/Personal Representative's authority, duties, rights, terms, and beneficiaries.		
b. Need a copy of the letter of testamentary or letters of administration from the County Clerk or County Office that the estate has been established by recording of the Will and naming the administrator.		
POWER OF ATTORNEY Need a copy of Power of Attorney showing the beneficiary's and representative's authority, rights and duties. <i>(Verify that the document is notarized and obtain any other documents from beneficiary, court or government agency that supports the representative authority and beneficiary's need for a power of attorney.)</i>		
COPY OF INITIAL DEPOSIT ITEMS (Check, deposit slip, or tickets)		
BSA CUSTOMER ACCOUNT/RELATIONSHIP RISK RATING ASSESSMENT COMPLETED AND VERIFIED BY COMPLIANCE		
OTHER DOCUMENTS ENCLOSED AND NOTES <hr/> <hr/>		

Branch

Opened by: _____

Date: _____

Reviewed by: _____

Date: _____

Operations

Reviewed by: _____

Date Reviewed: _____

Date Completed: _____