

# FIRST NATIONAL BANK OF TRENTON

## Business Account / Sole Proprietor / Non-Profit Important Information for Opening a New Account

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.

Which this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other verifying documents.

Please check one:     Current Customer     New Customer

<b>Business Name</b>				
<b>Physical Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Bus Phone #</b>		<b>Fax #</b>		
<b>SS # or EIN #</b>		<b>Cell Phone #</b>		
<b>Type of Business</b>		<b>How long in Business</b>		
<b>Account Primary Purpose (Ex. Operating Account, to Deposit Lease Payments)</b>		<b>What Forms of Payments will the business / entity accept from customers?</b>		
<b>How often will business / entity be conducting deposit transactions?(Ex. Daily, Weekly, Monthly)</b>		<b>Existing Deposit Accounts at Other Banks?</b>		<input type="checkbox"/> Y <input type="checkbox"/> N
		<b>Registered with Secretary of State:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<b>Which State:</b>		
<b>Type of Account</b>		<b>Nature of Business</b>		
<b>Business Customer Base</b>		<input type="checkbox"/> International <input type="checkbox"/> National	<input type="checkbox"/> State	<input type="checkbox"/> Local   mark all that apply
<b>Amount of Opening Deposit</b>		<b>Source of Funds:</b>		<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Internal Transfer Account #
<b>Email Address</b>				
<b>Describe Expected Account Activity For DDA (including MMA) only</b>				
Do you/will you cash checks for people?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you/will you send wire transfers for people (Money Gram, Western Union, etc.)?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you/will you sell/cash money orders?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you/will you sell/cash travelers checks?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you/will you sell phone cards?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you/will you own or operate an Automated Teller Machine (ATM)?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you/will you act as a third party processor for other merchants?		<input type="checkbox"/> Y <input type="checkbox"/> N		
Will you be sending/receiving wire transfers?		<input type="checkbox"/> Y <input type="checkbox"/> N		
If answer is <b>Yes</b> , check all that apply in #1 and complete #2:				
1. Types of wires: <input type="checkbox"/> incoming, <input type="checkbox"/> outgoing, <input type="checkbox"/> domestic, <input type="checkbox"/> international				
2. Estimated size of wires as to # & \$ per month				
3. If international is checked, list countries involved and estimated # and \$ amount per month.				
Will you be depositing cash to this account that will exceed \$5,000 in any one month?		<input type="checkbox"/> Y <input type="checkbox"/> N		
If answer is <b>Yes</b> , describe:				
o # of times per month:				
o \$ per month:				
o Specific reason/source of cash:				
Will you be withdrawing cash from this account that will exceed \$5,000 in any one month?		<input type="checkbox"/> Y <input type="checkbox"/> N		
If answer is <b>Yes</b> , describe:				
o # of times per month:				
o \$ per month:				
o Specific reason/use of cash:				

**APPLICANT #1: Sole Proprietor / Partner / Authorized Signer**  
**Important Information for Opening a New Account**

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**Please check one:**     **Current Customer**     **New Customer**

<b>First Name</b>		<b>Middle</b>	<b>Last</b>		
<b>Physical Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>		<b>Work Phone #</b>			
<b>SS # or TIN #</b>		<b>Cell Phone #</b>			
<b>DL / Picture ID # &amp; Expiration Date</b>		<b>Date of Birth</b>			
<b>Employer Name</b>		<b>Occupation</b>			
<b>Email Address</b>		<b>Mothers Maiden Name</b>			

**APPLICANT #2: Sole Proprietor / Partner / Authorized Signer**

**Please check one:**     **Current Customer**     **New Customer**

<b>First Name</b>		<b>Middle</b>	<b>Last</b>		
<b>Physical Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone #</b>		<b>Work Phone #</b>			
<b>SS # or TIN #</b>		<b>Cell Phone #</b>			
<b>DL / Picture ID # &amp; Expiration Date</b>		<b>Date of Birth</b>			
<b>Employer Name</b>		<b>Occupation</b>			
<b>Email Address</b>		<b>Mothers Maiden Name</b>			

*Identifying Documents:* Social Security Card or US Alien Identification Card.

*Primary Verifying Information:* Valid State DL, Passport, or Other Government Issued ID With Photo.

*Secondary Verifying Information:* Firearm License, Insurance Card, Utility Bill, Property Tax Bill, Voter Registration Card, College ID Card, or Major Credit Card.

**By signing below I certify that the above information is true and correct. I hereby authorize First National Bank of Trenton to verify my information including such procedures as obtaining a credit report, if necessary.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date