



Individual Identification Questionnaire

CenBank is required by banking regulators to identify the identity of all requesting a customer relationship with the bank. This questionnaire will help us meet those requirements and must be completed as part of the new account opening process. Your account may not be opened, if the information is not provided, is incomplete or inaccurate. We appreciate your assistance in providing this information to us.

THIS QUESTIONNAIRE MUST BE COMPLETED BEFORE ANY NEW INDIVIDUAL ACCOUNT IS OPENED.

Section A – Customer Information

DATE OF APPLICATION

COMPLETED BY

Individual Customer Information

NAME (First, Middle & Last)

SOCIAL SECURITY # BIRTHDATE

HOME PHONE #

CELL PHONE #

DRIVER'S LICENSE State & Number

COMPLETE PHYSICAL ADDRESS (City, State & Zip)

COUNTY

CENSUS CODE: (Internal Use only) MSA

State

County

Tract

MAILING ADDRESS IF DIFFERENT

E-MAIL ADDRESS

EMPLOYER (Company Name & Address)

BUSINESS PHONE

EXT

Section B – Transaction Account Application Disclosure Terms

If you are opening a checking account the following questions must be answered. If answered yes you may be denied a checking account. Disclosure of such reasons for denial will be given to the applicant in writing upon request. M.S. 48.512., Subd. 3

Yes No – Have you had a checking account at this or another financial intermediary within 12 months before making this application.

* If Yes, name of institution:

Yes No – Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application.

* If Yes, reason:

Yes No – 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.

I believe the above information to be true and correct to the best of my knowledge.

Signature: _____ Date: _____