

PERSONAL INFORMATION FOR APPLICANT #1.

Applicant #1 Full Name: _____ Social Security Number: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

Driver's License Number or State ID: _____ State Issued: _____

Date Issued: _____ Expiration Date: _____

Occupations (please be specific): _____ Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Years There: _____

Name of Nearest Relative Not Living with You: _____ Phone: _____

Check Appropriate Box: I am an American Citizen I am a Resident Alien I am a Non-Resident AlienAre you currently or have you been a Senior Foreign Political Figure? Yes NoDo you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? Yes No

PERSONAL INFORMATION FOR APPLICANT #2.

Applicant #2 Full Name: _____ Social Security Number: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

Driver's License Number or State ID: _____ State Issued: _____

Date Issued: _____ Expiration Date: _____

Occupations (please be specific): _____ Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Years There: _____

Name of Nearest Relative Not Living with You: _____ Phone: _____

Check Appropriate Box: I am an American Citizen I am a Resident Alien I am a Non-Resident AlienAre you currently or have you been a Senior Foreign Political Figure? Yes NoDo you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? Yes No**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR ALL APPLICANTS.**

Have you had a checking account in the last 12 months?

If Yes, where?

Have you had a checking account closed without your consent in the past 12 months?

Have you been convicted of a criminal offense involving the use of a check within the past 2 years?

APPLICANT #1.

APPLICANT #2.

 Yes No Yes No Yes No Yes No Yes No Yes No

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR ALL APPLICANTS (CONTINUED).

	APPLICANT #1.		APPLICANT #2.	
Are there any State or Federal Tax Liens filed against you or any of your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever declared bankruptcy or defaulted on any debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Although we may already know the answers to some or all of these questions, it is important that you provide us with this information to help us comply with the U.S. Patriot Act, and to make sure that we understand your banking needs. This will allow us to provide you with the products and services that you would expect from your Community Bank.

Will you be conducting wire transfers? If yes, how many?	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No
How many checks do you write per month?	_____	
Will you be using your debit card on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be having a high volume of cash transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be purchasing Cashier's Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be using this account for automatic payments/deposits? <small>(i.e. payroll deposits, loan payments, automatic dues)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other unique banking needs?	_____	

THANK YOU FOR CONSIDERING PLATINUM BANK FOR YOUR FINANCING NEEDS.

By signing below, you acknowledge and agree to each of the following:

- All information in this application is true and complete to the best of your knowledge and belief.
- That neither applicant has made any misrepresentation in this application or has failed to include important information.
- Platinum Bank has the right to verify the accuracy of the information provided.
- Platinum Bank is authorized to obtain a consumer credit report / check the credit rating and history of all the applicant(s).
- That all supporting documentation included in the application remains the property of Platinum Bank.
- That all information provided will be kept confidential by Platinum Bank.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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. What this means for you: When you open an account, we will ask 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 and other identifying documents.

Applicant #1 Full Name: _____

Applicant #1 Full Name: _____

Applicant #1 Signature: _____

Applicant #1 Signature: _____

Date: _____

Date: _____


If you are not in the presence of a Platinum Bank representative, the account application applicant signature (s) must be notarized

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public for the State of _____

Residing at _____

My commission expires _____

