

Business Banking:

- personal account information sheet
- personal account checklist



Plaza Bank

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[949] 502-4300
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PERSONAL INFORMATION

Account Title/Ownership:		Account Type	
Account Ownership		<input type="checkbox"/> Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> IRA/SEP	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other _____			
Statement Mailing Address (If Different)	City	State	Zip

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 to you is 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 or other identifying documents.

SIGNER INFORMATION

Name		Tax Identification Number		Mother's Maiden Name	
Home Address		City		State Zip	
Home Telephone		Fax Number		Mobile Number	
Employer		Employer Address			Occupation
Business Phone	Business Email Address		Date of Birth		Place of Birth (City,State)

A photo identification for all signers must be received prior to opening the account.

Primary ID Number		ID Exp Date	Issue Date		State	Secondary ID & Exp. (mm/yy)	
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SIGNER INFORMATION

Name		Tax Identification Number		Mother's Maiden Name	
Home Address		City		State Zip	
Home Telephone		Fax Number		Mobile Number	
Employer		Employer Address			Occupation
Business Phone	Business Email Address		Date of Birth		Place of Birth (City,State)

A photo identification for all signers must be received prior to opening the account.

Primary ID Number		ID Exp Date	Issue Date		State	Secondary ID & Exp. (mm/yy)	
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Attention Authorized Account Signers: We may use a third party service to verify and obtain information regarding you and your previous banking relationships. Please refer to the Account Disclosure Booklet for further details.

Account No: (Bank Use Only)

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 to you is 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 or other identifying documents.



Account Title:		<input type="checkbox"/> Certificate of Deposit		
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Interest Chkg <input type="checkbox"/> IRA/SEP			
SIGNER INFORMATION				
Name		Tax Identification Number		Mother's Maiden Name
Home Address		City	State	Zip
Home Telephone	Fax Number	Mobile Number	Email Address	
Employer	Employer Address			Occupation
Business Phone	Business Email Address	Date of Birth	Place of Birth (City,State)	
A photo identification for all signers must be received prior to opening the account.				
Primary ID Number	ID Exp Date	Issue Date	State	Secondary ID & Exp. (mm/yy)
SIGNER INFORMATION				
Name		Tax Identification Number		Mother's Maiden Name
Home Address		City	State	Zip
Home Telephone	Fax Number	Mobile Number	Email Address	
Employer	Employer Address			Occupation
Business Phone	Business Email Address	Date of Birth	Place of Birth (City,State)	
A photo identification for all signers must be received prior to opening the account.				
Primary ID Number	ID Exp Date	Issue Date	State	Secondary ID & Exp. (mm/yy)
SIGNER INFORMATION				
Name		Tax Identification Number		Mother's Maiden Name
Home Address		City	State	Zip
Home Telephone	Fax Number	Mobile Number	Email Address	
Employer	Employer Address			Occupation
Business Phone	Business Email Address	Date of Birth	Place of Birth (City,State)	
A photo identification for all signers must be received prior to opening the account.				
Primary ID Number	ID Exp Date	Issue Date	State	Secondary ID & Exp. (mm/yy)
Attention Authorized Account Signers: We may use a third party service to verify and obtain information regarding you and your previous banking relationships. Please refer to the Account Disclosure Booklet for further details.				



Client Name: _____

Type of Account: _____ Individual _____ Joint _____ Trust _____ Other

The following documents must be received **prior** to opening the account; **including a photo identification for all signers. ***All copies must be of original documents*****

Acceptable Primary Identification: Select One

- Valid CA Identification Card
- Valid CA Drivers License with Expiration date
- Valid U.S. Passport with Expiration date
- Valid out of state Drivers License with Expiration date
- Valid Immigration Identification Card with Expiration date
- Valid ID cards for police, fire, military, or government agencies
- Valid Foreign Passport with Expiration date

Optional Forms:

- ATM/Debit Card Application
- Credit Card Application
- On-Line Banking Application
- Trust Certification (notarized)
- Wire Transfer Agreement

Acceptable Secondary Identification: Select One & Do NOT Copy

- Valid Credit Card (M/C, Visa, Amex, Discover or Major Department Stores)
- ATM/Debit Card

FOR BANK USE ONLY AT ACCOUNT OPENING:

- New Account Questionnaire
- Completed client information sheet
- OFAC approved
- Contact ChexSystems to verify Social Security #'s and prior history
- Customer Identification Program Tickler**
- CIF – CIP Dynamic Field – Check Mark & Date**
- Review ID's and compare signature to application
- Trust Certification Notarized
- Provide client with terms and conditions for the account and appropriate disclosures
- If client opened a MMA or Savings account explain Regulation D withdrawal restrictions
- Place new account hold if applicable, on opening deposit
- Have client sign signature cards
- W-8 non-resident alien

Source Officer: _____ Shareholder

- Place check order: Starting #: _____ Color: _____ Style: _____ Amount: _____
- Review all accounts for completeness prior to client leaving
- Find out how they heard about Plaza Bank and ask for client referrals
- Thank them for their business!

SIGNATURE:	DATE:
OPENED BY, PRINT NAME/TITLE:	

Exception approvals:
Each item must be highlighted and initialed.

SENIOR MANAGER OR BSA OFFICER:	DATE:
REASON FOR APPROVAL (OPTIONAL):	