INVESTORS COMMUNITY BANK

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
To help the government fight the funding of terrorism and money laundering activities, Federal law, USA Patriot Act, requires all financial institutions to obtain, verify, and record information that identifies each person who wants to open an account.

Status:	☐ US Citizen	☐ Resident Alien	☐ Non-Resident Alien	☐ Non-Individual
Type of Tax ID No	Must have a SSN	Must have a SSN or ITIN	Will not have one	Must have an EIN
Form	W-9 Form Required	W-9 Form Required	W-8BEN Form Required	W-9 Form Required

(See back of form for information on TIN # and Status)

Legal Name: _____ _____ _____
first middle last

Entity Name: _____

TIN _____ **Date of Birth:** _____ Phone# _____
Circle One **SSN ITIN EIN N/A** Cell # _____

Physical Address: _____

City: _____ **State:** _____ **ZIP:** _____ #Mo/Yrs:(at this address) _____

Mailing Address: (if different than Physical)			Previous Address: (if < than 1 year)		
City:	State:	ZIP:	City:	State:	ZIP:

e-Mail Address: _____
Mother's Maiden Name: _____
Employer Name: _____ Employer Phone # _____

AUTHORIZATION AND CERTIFICATIONS

Under Penalties of Perjury I, the undersigned, certify that the information is true and correct and further authorize Investors Community Bank or its agents to verify the information obtained and to verify Credit and employment history and/or have a Credit Reporting Agency prepare a Credit Report on the Undersigned.

Signature: _____ **Title:** _____ **Date:** _____

Bank Employee Must Complete Below

IDENTITY EVIDENCE AND VERIFICATION – VIEWED AND VERIFIED BY:

Driver's License or Wisconsin Identification Card –Complete Below or ☐ See Copy Attached

State: Number: Issued: Expiration:

Passport -Complete Below or ☐ See Copy Attached

Country: Number: Issued: Expiration:

Other Government ID - Complete Below or ☐ See Copy Attached

Type: _____ State: _____ Country: _____
ID Number: Issued: Expiration:

Other Verification
Details:_____

OFFICE USE ONLY

☐ FIS IDVerify ☐ OFAC/PLC ☐ CCAP

Completed By:		Date:	