

COLORADO COMMUNITY BANK
INDIVIDUAL – NEW ACCOUNT INFORMATION

(CIP applies to all new account customers and any individual opening an account for the following: (a) for an individual lacking legal capacity such as a minor, (b) as POA for another person, (c) as signor for an entity that is not a legal person such as a civic club).

IMPORTANT INFORMATION ABOUT OPENING AN 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 customer who opens an account. When you open an account, we will ask for your name, address, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

NAME: _____ SSN: _____

BIRTHDATE: _____ PLACE OF BIRTH: _____ DR. LICENSE _____

PASSPORT: _____ COUNTRY OF ISS.: _____ ALIEN ID: _____

PHYSICAL ADD: _____ CITY _____ STATE _____ ZIP: _____

MAILING ADD: _____ CITY _____ STATE _____ ZIP: _____

YEARS AT ADDRESS: _____ PRIOR ADD: _____ CITY _____ STATE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____

NEAREST KIN NOT LIVING WITH YOU: _____ PH: _____

PREVIOUS BANK: _____ CITY & STATE _____

PRESENT EMP: _____ PHONE: _____ SUPERVISOR _____

PRIOR EMP: _____ PHONE: _____ SUPERVISOR _____

I acknowledge the above information is correct and do hereby authorize the Colorado Community Bank to contact any reference or individual listed above on behalf of the business.

Customer: _____ **Date** _____

(Attach copies of any identity information collected from the customer and list on Documenting Identity form)

POD (BENEFICIARY) INFORMATION:

NAME _____ SSN _____ BIRTH DATE _____

NAME _____ SSN _____ BIRTH DATE _____

NAME _____ SSN _____ BIRTH DATE _____