

# CUSTOMER INFORMATION FORM

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. We will ask for information that will allow us to identify you and we will record identification document information. We will verify information about you by accessing a deposit account verification service (such as ChexSystems, Inc.). By signing below, you agree to these terms and verify that all the information provided is correct.

## Required Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Minor?  Yes  No  
First Middle Last (under 18 years of age)

Physical Address: \_\_\_\_\_  
(Street, City, State, Zip)

Mailing Address, if different from above: \_\_\_\_\_  
(Street/PO Box, City, State, Zip)

Time at current address: \_\_\_\_\_ If less than 1 year previous address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*U.S. Citizen:  or \*Resident Alien:  or \*\*Nonresident Alien?

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR BANK USE ONLY		* W-9	** W-8BEN- forward copy to Baxter Operations, 218-824-8402
<b>Photo Primary Identification, "Unexpired":</b>			
Photo	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Military ID	<input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Alien ID
ID Type:	<input type="checkbox"/> Other: _____		
Issued By:	Number/Value: _____	Issue Date: _____	Expiration Date: _____
<b>Secondary Identification – For Resident Alien, Nonresident Alien or Individual engaged in High-Risk Business two forms of ID are required.</b>			
(see CIP Matrix and Risk Rating Matrix for acceptable IDs)			
Photo	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Military ID	<input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Alien ID (____ Visual ID Required)
ID Type:	<input type="checkbox"/> Government ID <input type="checkbox"/> Mexico Consular ID <input type="checkbox"/> Student School ID <input type="checkbox"/> Foreign Driver's License		
	<input type="checkbox"/> Other: _____		
Issued By:	Number/Value: _____	Issue Date: _____	Expiration Date: _____
<b>Additional Verification Requested:</b>			
	<input type="checkbox"/> QualiFile Verification Completed <input type="checkbox"/> Attach Copies of Identification Documents, if available		
	<input type="checkbox"/> OFAC Verification from Premier OFAC Reporting Module, or FinCEN Website		
Banker Comment: _____			
Approval, if required: _____			
Employee:	Risk Rating:	LR MR HR	Port #: _____ Date: _____