

CIP INFORMATION

(Please fill out all information completely.)

Date Completed: ___/___/___

Gender: Male Female

Citizenship: US RESIDENT PERMANENT RESIDENT ALIEN NON-RESIDENT ALIEN

If Non-Resident Alien is checked, please answer questions 1 - 3 below:

- 1) How long will you be in the US? _____
- 2) Do you have permission to work in the US? Yes No
- 3) Country of citizenship: _____

Last First MI

Physical Address (must have a physical address, PO BOX is not acceptable) City ST ZIP

Mailing Address same as physical.

Mailing Address City ST ZIP

() N/A () N/A
Home Phone Cell Phone Date of Birth

Social Security Number Personal E-mail Address

Driver's License Number DL Exp Date DL Issue Date DL State Issued

Birthplace City Birthplace State

Employer Occupation Work Phone
(If retired list RETIRED - PREVIOUS Occupation)

Please provide for Customer Verification Purposes: _____
Mother's Maiden Name 4-Digit Verification Pin

Office use only:

Customer: Existing New If new, Risk Rating Worksheet Completed

CIP Updated: YES NO N/A

Thank you note sent if new customer: YES NO N/A Date sent: ___/___/___

Copy of DL: YES NO

Citizenship Updated: ___/___/___

Primary Officer: _____

Address discrepancy: YES NO

Resolution: _____

OFAC Checked: YES NO

Accepted by: _____