

# NEW CUSTOMER INFORMATION SHEET

\*to be completed for each owner/signer on the account



US CITIZEN/US RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, COUNTRY OF CITIZENSHIP:	RESIDENT OF COUNTY: <input type="checkbox"/> TETON <input type="checkbox"/> LINCOLN <input type="checkbox"/> SUBLETTE <input type="checkbox"/> FREMONT <input type="checkbox"/> OTHER
IF OTHER, WHAT BROUGHT YOU TO BANK OF JACKSON HOLE?		

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. When you open an account with us, we will ask for your name, address, date of birth and other identifying information. We will also ask to see your driver's license and/or other identifying documents.

CUSTOMER INFORMATION:			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	
PHYSICAL ADDRESS – STREET:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
SSN:	PHONE – CELL:	PHONE – HOME:	PHONE – WORK:
E-MAIL ADDRESS:	EMPLOYER:	OCCUPATION:	

PRIMARY IDENTIFICATION (complete and provide a copy):			
<input type="checkbox"/> U.S. DRIVER'S LICENSE	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> U.S. STATE ID CARD	<input type="checkbox"/> U.S. MILITARY ID
<input type="checkbox"/> U.S. TRIBAL ID	<input type="checkbox"/> PERMAN. RES. ID		
ISSUED BY:	ID NUMBER:	DATE ISSUED:	EXP. DATE:

SECONDARY IDENTIFICATION (complete and provide a copy):			
<i>Additional Primary ID may be used in lieu of Secondary ID:</i>			
<input type="checkbox"/> U.S. DRIVER'S LICENSE	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> U.S. STATE ID CARD	<input type="checkbox"/> U.S. MILITARY ID
<input type="checkbox"/> U.S. TRIBAL ID	<input type="checkbox"/> PERMAN. RES. ID		
<i>Or:</i>			
<input type="checkbox"/> CREDIT/DEBIT CARD	<input type="checkbox"/> SOCIAL SECURITY CARD	<input type="checkbox"/> MEDICARE CARD	<input type="checkbox"/> VEHICLE REGISTRATION
<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> COLLEGE/STUDENT ID	<input type="checkbox"/> VOTER REGISTR.	<input type="checkbox"/> EMPLOYEE ID
ISSUED BY:	ID NUMBER:	DATE ISSUED:	EXP. DATE:

EXPECTED MONTHLY ACCOUNT ACTIVITY:	
Check all that applies:	<input type="checkbox"/> Cash Deposits (\$ ) <input type="checkbox"/> Cash Withdrawals (\$ ) <input type="checkbox"/> Check Deposits <input type="checkbox"/> Card Activity <input type="checkbox"/> Cashier's Checks <input type="checkbox"/> ACH Transfers <input type="checkbox"/> Domestic Wire Transfers (\$ ) <input type="checkbox"/> International Wire Transfers (\$ ) <input type="checkbox"/> Currency Exchange

PRODUCTS AND SERVICES INTERESTED IN (now or in the future):		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Online Banking/Cash Management	<input type="checkbox"/> Mortgage Loan
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Construction Loan
<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> Mobile Deposit	<input type="checkbox"/> Lot Loan
<input type="checkbox"/> Money Market Account	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Home Equity Loan
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Telephone Banking	<input type="checkbox"/> Overdraft Protection
<input type="checkbox"/> Individual Retirement Account	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Auto Loan
<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Investments/Wealth Management	<input type="checkbox"/> Credit Card

# NEW COMMERCIAL CUSTOMER INFORMATION SHEET

\*to be completed for each new business



**COMPANY LOCATION:**  
 TETON COUNTY  LINCOLN COUNTY  SUBLETTE COUNTY  FREMONT COUNTY  OTHER  
 IF OTHER, WHAT BROUGHT YOU TO BANK OF JACKSON HOLE?

Do you engage in Internet gambling activities?  YES  NO

**COMPANY INFORMATION:**

LEGAL NAME :

Type of Business:  
 Corp. for Profit  Corp. Not For Profit  LLC  Sole Prop.  Association  Other:

PHYSICAL ADDRESS – STREET:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
EIN:	PHONE – BUSINESS 1:	PHONE – BUSINESS 2:	
E-MAIL ADDRESS:	DESCRIBE THE NATURE OF BUSINESS:		

**IS THE ENTITY ANY OF THE FOLLOWING (check all that apply):**

<input type="checkbox"/> Check Casher	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Trade Union	<input type="checkbox"/> Bus Charter	<input type="checkbox"/> IOLTA
<input type="checkbox"/> Motor Vehicle Dealer	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> RE Brokerage	<input type="checkbox"/> Pawn Shop
<input type="checkbox"/> Casino	<input type="checkbox"/> Finance Company	<input type="checkbox"/> Aircraft Charter	<input type="checkbox"/> Doctor	<input type="checkbox"/> Auctioneer
<input type="checkbox"/> RE Closing	<input type="checkbox"/> Auction Company	<input type="checkbox"/> ATM (Own/Maintain)	<input type="checkbox"/> Coin Dealer	<input type="checkbox"/> Title Company
<input type="checkbox"/> Accountant	<input type="checkbox"/> Investment Advisory	<input type="checkbox"/> Pay Day Loan Company	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Lawyer
<input type="checkbox"/> Travel Agent	<input type="checkbox"/> Grocery Store			

**EXPECTED MONTHLY ACCOUNT ACTIVITY:**

Do you anticipate large cash activity? (\$ )  YES  NO

Do you anticipate frequent domestic wire transfer activity? (\$ )  YES  NO

Do you anticipate frequent international wire transfer activity? (\$ )  YES  NO

Do you cash checks for your customers? If so, what is the maximum amount? (\$ )  YES  NO

Do you sell money orders, traveler’s checks, or stored value cards?  YES  NO

Do you engage in money transmittal services (Western Union, Sigue, etc.)?  YES  NO

Are you planning on doing any foreign currency exchange?  YES  NO

**PRODUCTS AND SERVICES INTERESTED IN (now or in the future):**

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Online Banking/Cash Management	<input type="checkbox"/> Mortgage Loan
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Construction Loan
<input type="checkbox"/> Money Market Account	<input type="checkbox"/> Mobile Deposit	<input type="checkbox"/> Lot Loan
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Business Debit Card	<input type="checkbox"/> Home Equity Loan
<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Telephone Banking	<input type="checkbox"/> Overdraft Protection
<input type="checkbox"/> Remote Deposit Capture	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Auto Loan
<input type="checkbox"/> Positive Pay	<input type="checkbox"/> Investments/Wealth Management	<input type="checkbox"/> Credit Card

# BANK OF JACKSON HOLE BENEFICIAL OWNERSHIP CERTIFICATION FORM

\* to be completed by the person opening a new account on behalf of a legal entity



PERSON OPENING ACCOUNT:		
FIRST NAME:	LAST NAME:	TITLE:

LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED:	
NAME:	ADDRESS:

I. BENEFICIAL OWNER(S) INFORMATION:										
Please provide a <u>copy</u> of a valid government issued photo ID <b>and</b> the following information for <b>each</b> individual, if any who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns <b>25% or more</b> of the equity interests of the legal entity listed above (write N/A if not applicable):										
FIRST NAME	LAST NAME	DATE OF BIRTH (mm/dd/yy)	PHYSICAL ADDRESS (Street, City, ZIP)	%	U.S. PERSONS		NON-U.S. PERSONS			
					SSN	PASSPORT NUMBER	COUNTRY	or	SSN or ALIEN ID NUMBER	
									-	
									-	
									-	
									-	

II. MANAGING INDIVIDUAL INFORMATION:										
The individual listed below is (could be one of the beneficial owners):										
<input type="checkbox"/> An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); <u>or</u>										
<input type="checkbox"/> Any other individual who regularly performs similar functions.										
FIRST NAME	LAST NAME	DATE OF BIRTH (mm/dd/yy)	PHYSICAL ADDRESS (Street, City, ZIP)	U.S. PERSONS		NON-U.S. PERSONS				
				SSN	PASSPORT NUMBER	COUNTRY	or	SSN or ALIEN ID NUMBER		
									-	

I, \_\_\_\_\_, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

For **Certificates of Deposit** and **Loan Accounts** only: I, \_\_\_\_\_, agree to notify the Bank of Jackson Hole of any changes in the beneficial ownership information.

SIGNATURE:

Date:

# USA PATRIOT ACT

## Important information about opening a LEGAL ENTITY ACCOUNT (effective May 11, 2018)

Section 326 of the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account for a covered Legal Entity. New Rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

Each time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number and identification documents) for:

- Each individual that has beneficial ownership (25% or more) in the Legal Entity; and
- One individual that has significant managerial responsibility for the Legal Entity

We proudly support all efforts to protect and maintain the security of our customers and our country.

### What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customer. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions:

- (i) a bank or credit union;
- (ii) a broker or dealer in securities;
- (iii) a mutual fund;
- (iv) a futures commission merchant; or
- (v) an introducing broker in commodities

For the purposes of this form, a legal entity **includes** a:

- corporation
- limited liability company
- other entity that is created by a filing of a public document with a Secretary of State or similar office
- general partnership

- any similar business entity formed in the United States or a foreign country

Legal entity **does not include**:

- sole proprietorships
- unincorporated associations
- natural persons opening accounts on their own behalf

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- I. Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); and
- II. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section I., depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section I., you must provide the identifying information of one individual under section II.. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section II.), and up to five individuals (i.e., one individual under section II. and four 25% equity holders under section I.). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

# DIRECT DEPOSIT FORM

Use this form to change reoccurring direct deposits to your new account at Bank of Jackson Hole. Examples of reoccurring direct deposits include regular paychecks or income from retirement plans, investments, pension plans, etc. Attach a voided check and submit this form to the company that performs the direct deposit.

Before closing your account at your previous bank, make sure the direct deposit has been successfully deposited in your Bank of Jackson Hole account.

## INSTRUCTIONS FOR EMPLOYER/OTHER INCOME SOURCE

I would like my income automatically deposited into my Bank of Jackson Hole account as instructed below:

Please:  Setup direct deposit  Change account used for direct deposit

Employer/Company \_\_\_\_\_

Employer/Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

## BANK OF JACKSON HOLE ACCOUNT INFORMATION

Please direct my payment to this Bank of Jackson Hole account:

Checking  Savings  Money Market

Bank of Jackson Hole Routing Number 102304099

Bank of Jackson Hole Account Number \_\_\_\_\_

## AUTHORIZATION

I authorize \_\_\_\_\_ (employer/company) to make deposits directly into my Bank of Jackson Hole account listed above. This authority will remain in effect until I have given written notice to terminate this service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CLOSE ACCOUNT REQUEST

Effective immediately, please close the account(s) listed below and forward the remaining funds by check to the address indicated.

**The following accounts should be closed:**

Checking # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

Savings # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

Money Market # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

Other Account # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

**Send funds to the following address:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**If you have any questions regarding this request, please contact:**

Account Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

OR

Account Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date