LEGACY STATE BANK

Customer Identification Program – Business

## Business Information

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|---|---|
| **Existing Customer:** | ☐ Yes ☐ No |
| **Business Name:** | |
| **EIN:** | |
| **Entity Creation Date:** | |
| **E-Mail:** | |
| **Physical Address:** | |
| **Mailing Address:** (If Different) | |
| **County:** | |
| **Phone Number:** | |
| **Description of Business:** | |
| **Internet Gambling:** (Does this business engage in internet gambling?) | ☐ Yes ☐ No |

**Business Customer Signature** **Date**

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|---|---|
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*(I certify that the above information is true and correct. I authorize Legacy State Bank to run a ChexSystems report prior to opening my account.)*

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## Office Use Only

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|---|---|
| **Identification Type:** | ☐ Trust Agreement ☐ Estate/Guardianship Agreement ☐ EIN Letter<br>☐ Business License ☐ Partnership Agreement ☐ Articles of Inc.<br>☐ Verification with GA SOS ☐ Operating Agreement if an LLC<br>☐ By-Laws if an Incorporation ☐ Board Resolution |
| **Verafin OFAC Check:** (Does the customer's name appear on a government watch-list?) | ☐ Yes ☐ No |
| **CDD Form Completed In Verafin:** | ☐ Yes ☐ No ☐ NA (loans only) |
| **Beneficial Ownership Completed:** | ☐ Yes ☐ No |
| **Risk Rating Based On Opening Of The Account:** | ☐ Low (Existing or Local New Customer, CD or IRA)<br>☐ Medium (Out of Bank's Market Area, Professional Service Providers, Non-Government Organizations)<br>☐ High (Cash Intensive, Money Service Business [MSB], Cannabis, Crypto, Private ATM, Quick Bank Customer) |

**Customer Service Representative** **Date**

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