

BANK OF CLEVELAND

CUSTOMER INFORMATION FORM

(Section 326 – USA Patriot Act of 2001)

IMPORTANT INFORMATION IF OPENING AN ACCOUNT BY MAIL

Instructions To Customer: As stated below, financial institutions are now required to verify the identity of all customers pursuant to Section 326 of the USA Patriot Act of 2001. Please complete this form regarding YOUR PERSONAL INFORMATION where indicated below. If you are not returning this form in person, please have your signature notarized and attach a copy of your driver's license, or other identifying document as requested by the Bank. Please mail this original form and copies to the Bank at the following address: New Accounts Department, Bank of Cleveland, Post Office Box 5000, Cleveland, TN 37320. If you have any questions, please call us at 423-478-5656.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 PERSON WHO OPENS AN ACCOUNT.

WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

YOUR PERSONAL INFORMATION

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:		
SOCIAL SECURITY #/ OR ITIN #:		DATE OF BIRTH:		
PHYSICAL ADDRESS:		CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:	ZIP:
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES OR <input type="checkbox"/> NO				
ARE YOU OR ANY OF YOUR RELATIVES CONNECTED TO THE GOVERNMENT OF A COUNTRY OTHER THAN THE UNITED STATES? <input type="checkbox"/> YES OR <input type="checkbox"/> NO				
IF NOT A CITIZEN, ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES OR <input type="checkbox"/> NO IF YES, NEED PERMANENT RESIDENT CARD. IF NO, FILL OUT W-8BEN.				
HOME PHONE:	CELL PHONE:	E-MAIL:		
OCCUPATION/ IF RETIRED LIST PREVIOUS OCCUPATION				
EMPLOYER:	JOB DESCRIPTION:	BUSINESS #:		
PHOTO ID TYPE:	NUMBER:	STATE:	ISSUED:	EXPIRATION:
PERMANENT RESIDENT CARD #: (FOUND ON BACK OF NEWER CARDS)		RESIDENT SINCE DATE:	EXPIRATION:	
PASSPORT #:	Country	ISSUED:	EXPIRATION:	

SIGNATURE & ACKNOWLEDGMENT

EVERYTHING THAT I/WE HAVE STATED IN THIS STATEMENT IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT YOU WILL RETAIN THIS STATEMENT WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY/OUR CREDIT, WHICH INCLUDES OBTAINING REPORTS FROM CONSUMER REPORTING AGENCIES, AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR EXPERIENCE WITH ME.

CUSTOMER'S SIGNATURE

DATE

NOTARY ACKNOWLEDGMENT IF OPENING AN ACCOUNT BY MAIL

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____, before me personally appeared _____, to me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who executed the same as _____ free act and deed.

WITNESS MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____, _____.

MY COMMISSION EXPIRES: _____ (SEAL)

(NOTARY PUBLIC)

FOR BANK USE ONLY

DOCUMENTS

INDIVIDUALS: IF A Photo Identification (Drivers License Or US Alien ID Card) Cannot Be Obtained, You Must Document Two Of The Following Items And Have Supervisor Approval And Sign Below:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Employee Identification Card | <input type="checkbox"/> Major Credit Card | <input type="checkbox"/> Student Identification Card | <input type="checkbox"/> Medicare/Medicaid Card |
| <input type="checkbox"/> Voters Registration Card | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Firearm Owner's Registration | <input type="checkbox"/> Signature Guarantee Card |
| <input type="checkbox"/> Military ID Card | <input type="checkbox"/> Public Assistance Card | <input type="checkbox"/> Utility Bill, Phone Bill | <input type="checkbox"/> Real Estate Tax Card |
| <input type="checkbox"/> Union Card | <input type="checkbox"/> Insurance Card | <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Auto Registration |
- Prior Banking History (For example, last three statements)
- Document Used: _____ Number: _____ State: _____ Issue Date: _____ Exp. Date: _____
- Document Used: _____ Number: _____ State: _____ Issue Date: _____ Exp. Date: _____

NON-DOCUMENTS

- Credit Report Score: _____ Employment Verification Telephone Back Phone Or City Directory

DISCREPANCIES / RESOLUTION / COMMENTS:

Risk code: _____ Risk Date: _____ Risk Rated By: _____

Bank Employee Name: _____ Office: _____ Date: _____
(If Required) Supervisor Approval: _____ Office: _____ Date: _____