

HOME TRUST & SAVINGS BANK

www.hometrustedbank.com
FDIC 628 Main Street, Osage, Iowa 50461 (641) 732-3763



New Account

Owner Name: _____ **Birth Date:** _____
Street Address: _____ **Home Phone:** _____
City, State, Zip: _____ **Cell Phone:** _____
Social Security #: _____ **E-Mail:** _____
Driver's License #: _____ US Citizen Resident Alien Non-Resident Alien
D/L-ID State: _____ **Issue Date:** _____ **Expire Date:** _____
Occupation/Type of Business Owned: _____
Employer Name: _____ **Work Phone:** _____
Employer Address: _____
Nearest Relative (Not living with you): _____ **PENLEY**
Current/Previous Bank: _____

Owner Name: _____ **Birth Date:** _____
Street Address: _____ **Home Phone:** _____
City, State, Zip: _____ **Cell Phone:** _____
Social Security #: _____ **E-Mail:** _____
Driver's License #: _____ US Citizen Resident Alien Non-Resident Alien
D/L-ID State: _____ **Issue Date:** _____ **Expire Date:** _____
Occupation/Type of Business Owned: _____
Employer Name: _____ **Work Phone:** _____
Employer Address: _____
Nearest Relative (Not living with you): _____ **PENLEY**
Current/Previous Bank: _____

Purpose of account(s) you are opening? Household Expenses Savings Investment
 Other _____

What funds will you typically deposit? Payroll Social Security Pension Investment
 Other _____
Any direct deposit transactions? Yes No If Yes: Domestic (US) Foreign Both
On a regular basis, do you expect to: Make deposits or withdrawals of cash > \$5,000? Yes No
Purchase cashier's checks, gift/travel cards, etc? Yes No
Send/Receive ACH/automatic payments? Yes No If Yes:
 Mortgage Utilities Car Payment Credit Card Other _____
Send/Receive wire transfers? Yes No If Yes: Domestic (US) Foreign Both
To/From: _____

RISK RATING - BANK USE ONLY

Occupation/Owner of a Business type listed below? Check all boxes that apply. If occupation is not listed, check "Other".

<input type="checkbox"/>	Accounting/Legal Services	<input type="checkbox"/>	Importer/Exporter	<input type="checkbox"/>	Money Service Business	<input type="checkbox"/>	Travel Agency
<input type="checkbox"/>	ATM/Check Cashing Service	<input type="checkbox"/>	Investments/Broker	<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Auctioneer	<input type="checkbox"/>	Jewels/Metals Dealer	<input type="checkbox"/>	Pawn Shop	<input type="checkbox"/>	
<input type="checkbox"/>	Car/Boat/Plane Dealer	<input type="checkbox"/>	Laundromat/Vending	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Leather Goods	<input type="checkbox"/>	Realtor/Broker	<input type="checkbox"/>	
<input type="checkbox"/>	Deposit Broker	<input type="checkbox"/>	Liquor/Tobacco Store	<input type="checkbox"/>	Retail Store (explain)	<input type="checkbox"/>	
<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Medical Doctor/Clinic	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	

<input type="checkbox"/>	Self-employed (description)		<input type="checkbox"/>	Other (description)	
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Is either customer a non-US Citizen? *ALL NON-US CITIZENS RATE HIGH (3)

Score

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
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RISK ASSESSMENT

Questions: (Answer "Yes" or "No"; If question does not apply, leave blank.)		Yes	No	Score
1. Individual resides locally?	No = 2			
2. Occupation or Owner of Business type listed above? <small>(N/A if only Self-employed or Other is checked & no other type is checked)</small>	Yes = 3			
3. Make deposits/withdrawals of cash > \$5,000 per month?	Yes = 5			
4. Purchase cashier's checks, money orders, gift cards, etc.	Yes = 3			
5. Customer will send/receive Domestic ACH? <small>(i.e. payroll, social security, pay bills online, etc.)</small>	Yes = 1			
6. Customer will receive Foreign ACH? <small>(i.e. foreign government benefits, overseas payments, online purchases, etc.)</small>	Yes = 3			
7. Customer will send/receive Domestic wires?	Yes = 2			
8. Customer will send/receive Foreign Wires?	Yes = 5			
9. Customer maintains deposit accounts at other banks?	Yes = 2			

(1)Low Risk = 0 - 7 (2)Med. Risk = 8 - 14 (3)High Risk = 15 - 20

Risk Score: _____

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Date of Initial Rating: _____ Reviewed By: _____

Notes regarding any rating adjustments if approved: _____

Rating Adjustment Approved By: _____ Adjusted Rating: _____

Customer Profile: Non-Business

Opening Deposit Amount: _____ (Cash) (Pers. Check) (Cashier's Check) (Payroll Check)

Average Deposit Amount: _____ (Daily) (Weekly) (Bi-Weekly) (Bi-Monthly) (Monthly)

Loan Customer: (YES) (NO) Online Banking/Bill Pay: (YES) (NO) Mobile Banking: (YES) (NO)

** Please bring your photo ID, and proof of address when you open your account.