

Attachment A

For Bank Use Only

Checked OFAC _____

Photo Matches Customer Appearance Yes _____ No _____

Address on documents matches information given by customer Yes _____ No _____

If no, explanation and resolution of discrepancy _____

Date of birth matches information given by customer Yes _____ No _____

If no, explanation and resolution of discrepancy _____

Social Security Number matches information given by customer: Yes _____ No _____

If no, explanation and resolution of discrepancy _____

Customer Risk Rating _____ (Risk levels 1-4, Risk Assessment Matrix)

If any discrepancies, approval by a Bank Officer is required before proceeding.

Signed,

_____ **Date** _____

FOR ELDERLY OR DISABLED PERSONS UNABLE TO PRESENT DRIVERS LICENSE OR STATE ISSUED ID

Obtain at least one of the following:

Other Government Issued Identity Documents

Document _____ Issuer _____ Issue Date _____ Expiration Date _____

Social Security Card _____ College ID Card _____

Major Credit Card:

_____ Type of Card _____ Card Account # _____ Exp. Date _____

AND

Address Verification by

Utility Bills _____

Other Correspondence _____