

Loan	Number:		
Loan	number:		

Sign & Date Here: __

Validation Completed By ___

Customer Signature

PBM Employee

USA PATRIOT ACT ID NOTIFICATION 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 (i.e. retail banking account, loan, line of credit, financial services, etc.)

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

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	<u>USA PATRIOT ACT ID DISCLUSO</u> (<u>Handwrite)</u>	<u>JRE</u>					
CUSTOMER PLE	ASE COMPLETE <u>ALL</u> DATA USING CURRENT ADDRESS (MU	UST BE A PHYSICAL ADDRESS)					
First Name:	Middle Initial: Last	Name:					
Street Address:							
City:	State:	Zip Code:					
Primary Phone Nun	nber: Date of Birt	h:					
SSN:	Place of Birth (City, State and Country):						
Place a check mark in each box that is applicable. If not a U.S. citizen provide country name.							
	Citizenship Check applicable boxes and provide country name if req	uired:					
SELECT ALL THAT APPLY	I am a U.S. Citizen. If not a U.S. Citizen, I am a Citizen of:	(insert Country)					
	I am a Permanent Resident Alien I do not have a Social Security Number.						
SELECT	Foreign Political Affiliation Check applicable boxes and provide country name if req	uired:					
APPLICABLE	I have no Foreign Political affiliation.						
BOX	I am a Senior Foreign Political Officer of: I am a close associate of a Senior	(insert Country)					
→	Foreign Political Officer who is from:	(insert Country)					
You will be asked to p	provide a primary form of ID (such as a Driver's License, State ID Card,	Passport or Alien Registration Card.)					
	on the document cannot be expired. You may be asked to provide a available in the loan file.	secondary form of identification if supporting					
I authorize you to cor to verify or re-verify i	aduct searches and/or verifications (such as credit reports, fraud guard ony identity.	or other third party database verification sources)					

Date

Date