

First National Bank Alaska

Customer Identification Program ENTITY

Completion of this form is required prior to the establishment of new accounts, or acknowledgement, but not limited to, the Change of Payer and Transfer by Payee

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 to 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.

You must complete the form, sign it, and attach a copy of documentary verification. This must consist of a government-issued certificate or document. No expired certificates or documentation will be accepted. (See list of acceptable documents based on entity type.)

Entity Information

Entity Name:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Taxpayer Identification No.:	Business Phone No.:	

Signature: _____ Date: _____

FOR BANK USE ONLY

Documentary Verification for the following Form of Organization **See attached copy.

Type of Entity	Supporting Government Issued Certificate or Documents
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. (LLC)	<input type="checkbox"/> Business License <input type="checkbox"/> I.R.S. Letter issuing TIN
<input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture	<input type="checkbox"/> DBA Name Registration <input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Formal Partnership Agreement
<input type="checkbox"/> Association <input type="checkbox"/> Decedent's Estate	<input type="checkbox"/> Certified copy of Court Document <input type="checkbox"/> Trust Agreement
<input type="checkbox"/> Guardianship Estate <input type="checkbox"/> Formal Trust	<input type="checkbox"/> Certificate of Existence <input type="checkbox"/> Letters of Testamentary / Letters Administration
<input type="checkbox"/> Living Trust <input type="checkbox"/> Testamentary Trust	<input type="checkbox"/> Registration of Trust <input type="checkbox"/> Other

Verified by: _____ Date: _____

Noted Discrepancies and method of resolution: (if you need more space continue on the back of this form.) _____

Verified by Supervisor: _____ Date: _____

FORM-CORP