



First National Bank Alaska

Member FDIC

Escrow Application

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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.

Purpose of Account: _____

Property Address / Collateral: _____

Escrow Party (Mark one): Payee Payer Assignee

Entity Information

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Guardianship* | <input type="checkbox"/> Decedent's Estate* | <input type="checkbox"/> Trust* |
| <input type="checkbox"/> Business: | | | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Ordinary Partnership* | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Association | |
| <input type="checkbox"/> Sole Proprietor* | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other*, explain: _____ | |

*Owners/trustees/agents, etc., of these entities may be asked to provide their individual information to the bank. Also, attach (or make available) a photocopy of your unexpired, government issued identification.

Legal Name: _____

Physical Street Address (required):	City:	State/Zip:
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Mailing Address:	City:	State/Zip:
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Email Address: _____

Taxpayer Identification Number:	Date of Birth (Individual):	Home Phone (individual):	Business Phone:
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Purpose of Business (business only):	Occupation (Individual only):
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Do you have any open accounts with First National Bank Alaska? Yes No

If 'Yes', Account Number: _____ Account Type: Escrow Checking Savings
 Loan Other

Identity Document (individual only):				
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Type of ID:	Issued By:	Number:	Issue Date:	Expiration Date:
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I attest that the information provided on this application is true and correct. I understand that First National Bank Alaska may use a credit reporting agency of their choice to assist in confirming my identity, if they deem this necessary.

X _____
 (Signature of applicant)

Date: _____

X _____
 (Signature of applicant)

Date: _____



First National Bank Alaska USE ONLY

Payee/Payer/Assignee Exception Comments

Exception	Actions Taken

Existing Customer - applicant signature verified to existing account signature document.

Verified/Processed By: _____
Escrow Processor

Date: _____

