

## 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 for 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 (Select one): ☐ Payee ☐ Payer ☐ Assignee

**Applicant Information** (Fields marked with an \* (asterisk) are required)

☐ Individual ☐ Guardianship<sup>1</sup> ☐ Decedent's Estate<sup>1</sup> ☐ Trust<sup>1</sup>

<sup>1</sup>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\*:

\_\_\_\_\_

Alternate Name:

\_\_\_\_\_

Physical Street Address\*:

\_\_\_\_\_

City\*:

\_\_\_\_\_

State/Zip\*:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State/Zip:

\_\_\_\_\_

Taxpayer Identification Number\*:

\_\_\_\_\_

Date of Birth\* (individual):

\_\_\_\_\_

Mobile Phone\* (individual):

\_\_\_\_\_

Business Phone:

\_\_\_\_\_

Occupation\* (Individual only; if "retired" or "self-employed" list former or current occupation)

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Do you have any open accounts with First National Bank Alaska?

☐ Yes ☐ No

If Yes, Account Number: \_\_\_\_\_

Account Type: ☐ Escrow ☐ Checking ☐ Savings ☐ Loan ☐ Other

Identification\* (individual only)

Type of ID:

\_\_\_\_\_

Issued By:

\_\_\_\_\_

Number:

\_\_\_\_\_

Issue Date:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_

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 Bank determines necessary.

X \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Applicant Agent (if applicable)

\_\_\_\_\_  
Date

<b>Bank Use Only</b>	
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Payee/Payer/Assignee Exception Comments

[illegible]

☐ Existing Customer – applicant signature verified to existing account signature document.

Bank Use Only	
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Verified/Processed By:
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Date:
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