



New Account Information Worksheet (Please type or print all information)

Date: _____

Account Title: _____

Account Subtitle (if any): _____ Tax Identification Number (required): _____

Physical Location: _____

Statement Address: _____

Telephone Number: _____ Facsimile (Fax) Number: _____

Please note that the fields below in bold are required information fields for **all** authorized business signers. Sole proprietors must provide a home address as well as their social security number. We will not be able to open a business account unless this information is provided for all authorized business signers. All other information fields are not required for authorized business signers but **are required** for all consumers unless otherwise noted.

| PERSONAL INFORMATION | <u>SIGNER 1</u> | <u>SIGNER 2</u> | <u>SIGNER 3</u> | <u>SIGNER 4</u> |
|--|-----------------|-----------------|-----------------|-----------------|
| Authorized Signer's Name** | | | | |
| Signer's Title | | | | |
| Social Security Number | | | | |
| Home/Mailing Address | | | | |
| City, State, Zip Code | | | | |
| Home Phone | | | | |
| Employer/Occupation | | | | |
| Employer's Address | | | | |
| Business Phone** | | | | |
| Email Address (if available)* | | | | |
| * Because we respect your privacy, Pacific Western Bank does not share email address information with third parties, except in conformity with our Privacy Policy. | | | | |
| Date of Birth | | | | |
| Birthplace | | | | |
| Mother's Maiden Name | | | | |
| Driver's License Number** | | Exp. | | Exp. |
| Secondary ID (if obtained) | | Exp. | | Exp. |

| BUSINESS ACCOUNT TYPES | | | |
|--|---|--|---------------------------------------|
| Small Business Checking <input type="checkbox"/> | Business Checking <input type="checkbox"/> | Business Account Analysis <input type="checkbox"/> | Money Market <input type="checkbox"/> |
| High Yield Money Market <input type="checkbox"/> | Small Business Interest Checking <input type="checkbox"/> | Attorney-Client Trust <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Certificate of Deposit <input type="checkbox"/> | | | |

| PERSONAL ACCOUNT TYPES | | | |
|--|--|---|--|
| Value Checking <input type="checkbox"/> | Value Interest Checking <input type="checkbox"/> | High Yield Checking <input type="checkbox"/> | Money Market <input type="checkbox"/> |
| High Yield Money Market <input type="checkbox"/> | Savings <input type="checkbox"/> | Certificate of Deposit <input type="checkbox"/> | Individual Retirement Account <input type="checkbox"/> |

| SERVICES / PRODUCTS REQUESTED | | | | | |
|---|--|--|---|--|--------------------------------|
| Telephone Transfer Agreement <input type="checkbox"/> | Wire Transfer Agreement <input type="checkbox"/> | VIPBanker – Online Services <input type="checkbox"/> | Positive Pay <input type="checkbox"/> | Foreign Exchange <input type="checkbox"/> | Loans <input type="checkbox"/> |
| Messenger/Courier Service <input type="checkbox"/> | ATM/Debit Card <input type="checkbox"/> | Remote Deposit Service <input type="checkbox"/> | Lockbox Services <input type="checkbox"/> | Merchant Services <input type="checkbox"/> | |

| DOCUMENTATION RECEIVED | | | |
|---|--|--|--|
| CORPORATE | PARTNERSHIP | LIMITED LIABILITY COMPANY | SOLE PROPRIETORSHIP |
| Articles of Incorporation <input type="checkbox"/> | Partnership Agreement <input type="checkbox"/> | Articles of Organization <input type="checkbox"/> | Fictitious Business Name Statement, if applicable OR <input type="checkbox"/> |
| Corporate Minutes or Certificate of Domestic Stock <input type="checkbox"/> | Certificate of Limited Partnership (Form LP-1) <input type="checkbox"/> | Statement of Information OR Operating Agreement <input type="checkbox"/> | Copy of the Proof of Newspaper Publication OR |
| Fictitious Business Name Statement, if applicable* <input type="checkbox"/> | Certificate of Limited Liability Partnership (Form LLP-1) <input type="checkbox"/> | <i>(Please note that it is preferable to obtain a filed copy of the Statement of Information. The Operating Agreement should be obtained if the filed copy of the Statement of Information has not been received.)</i> | Copy of the Fictitious Business Name Statement from the County's Website |
| Certificate of Qualification, <i>if the corporation is engaged in intrastate transactions</i> <input type="checkbox"/> | Joint Venture Agreement <input type="checkbox"/> | | |
| Registration of Corporate Name from the Secretary of State, <i>if the corporation is not engaged in intrastate business</i> OR Certificate of Good Standing from the State or Place in which it is Organized, <i>if the corporation is not engaged in intrastate business</i> <input type="checkbox"/> | Fictitious Business Name Statement, if applicable* <input type="checkbox"/> | Applicable Documentation for each Entity that is a Manager or Managing Member <input type="checkbox"/> | |
| | | | * May utilize any of the above-referenced as evidence of Fictitious Name for other entity types |

| BANK USE | | | | | | |
|-------------------|--------------------------------------|--|---|--|--|---|
| Source | Walk-in (W) <input type="checkbox"/> | Direct Mail Recipient (D) <input type="checkbox"/> | Tell a Friend Referral (T) <input type="checkbox"/> | Calling Officer (C) <input type="checkbox"/> | Existing Customer (E) <input type="checkbox"/> | Other (O) <input type="checkbox"/> |
| Check Style | Single <input type="checkbox"/> | Duplicate <input type="checkbox"/> | Starting Number: | Quantity: | Color: | Account Officer: Input by: Called Back by: |
| Deposit Tickets | None <input type="checkbox"/> | Single <input type="checkbox"/> | Duplicate <input type="checkbox"/> | Triplicate <input type="checkbox"/> | | |
| Endorsement Stamp | None <input type="checkbox"/> | Self-inking <input type="checkbox"/> | Stamp & Pad <input type="checkbox"/> | | | |