



NEW CONSUMER/AUTHORIZED SIGNER/BENEFICIAL OWNER WORKSHEET

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires Regent Bank to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

STATUS:

Primary Owner Joint Owner Authorized Signer Trust Other: _____

NAME (Last, First, Middle):		SOCIAL SECURITY NUMBER:	
NAME OF TRUST (if applicable):		TRUST TAX ID (if applicable):	
PHYSICAL ADDRESS:		CITY, STATE, ZIP:	
MAILING ADDRESS (if Different):		CITY, STATE, ZIP:	
IDENTIFICATION # (Driver's License, Gov't Issued ID, *Military ID, Passport, etc.):		STATE, ISSUE DATE, EXP DATE:	
DOCUMENTATION OBTAINED IF ADDRESS DOES NOT MATCH ID (Utility bill, lease agreement, etc.):			
BIRTHDATE:	HOME PHONE #:	CELL PHONE #:	BUSINESS PHONE #:
EMPLOYER NAME:		OCCUPATION:	
EMAIL ADDRESS:		MOTHER'S MAIDEN NAME:	

Are you a citizen of the United States? Yes No If no, of which country are you a citizen? _____

Are you or any of your relatives or associates connected to a Senior Political Figure? Yes No

Customer maintains deposit accounts at other Financial Institutions (if yes please include where)?

No Yes (list all that apply) _____

Please complete the following to the best of your ability for transaction accounts only (Checking, Savings, Money Market):
Anticipated types and estimated monthly amounts of customer transaction activity.

TRANSACTION TYPE	ANTICIPATED AMOUNT PER MONTH	ESTIMATED # OF TRANSACTIONS PER MONTH
CASH DEPOSITS		
CASH WITHDRAWALS		
DIRECT DEPOSITS / ACH		
INCOMING/OUTGOING WIRES		
INTERNATIONAL WIRES		
MOBILE OR REMOTE DEPOSIT		
ATM USAGE		

*document only, do not photocopy