

Customer Information - Know Your Customer (KYC)			
Full Name (First, Middle, Last)			
Physical Street Address (Street #, City, Zip) <i>No PO Box Allowed - Except Military Personnel</i>			
Mailing Address (If different from physical address) <i>PO Box Allowed</i>			
Current Employment Status <input type="radio"/> Employed <input type="radio"/> Owner/Partner (Self-Employed) <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> Student <input type="radio"/> Disabled <input type="radio"/> Minor <small>Please Circle One</small>			
Profession			
Employer Name and Address			Employment Start Date
Country of Citizenship		If not a US Citizen, are you a Permanent Resident? <input type="radio"/> Yes <input type="radio"/> No	
Social Security Number		Birth Date (Month, Day, Year)	
ID Type 1	Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Consular Card <input type="checkbox"/> US Alien Registration Card <input type="checkbox"/> Military ID card <input type="checkbox"/>	Issue Date 1	Expiration Date 1
ID Number 1	State or Country ID (1) was issued in		
ID Type 2	Credit Card <input type="checkbox"/> Firearm License <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Insurance Card <input type="checkbox"/> Student ID <input type="checkbox"/> Employee ID <input type="checkbox"/> Voter Reg Card <input type="checkbox"/>	Issue Date 2	Expiration Date 2
ID Number 2	State or Country ID (2) was issued in		
Primary Telephone Number		Business Phone	Cell Phone
Email Address		Mother's Maiden Name	
Affiliate Sharing <input type="radio"/> Do not opt out of either <input type="radio"/> Opt out of non-affil. sharing <input type="radio"/> Opt out of affil. Sharing <input type="radio"/> Opt out of both <input type="radio"/> <small>Please Circle One</small>			
Solicitation/Contact Preference <input type="radio"/> Bulk Statement <input type="radio"/> Do Not Send Email <input type="radio"/> Do Not Send Mail <input type="radio"/> Do Not Send Mail or Email <input type="radio"/> <small>Please Circle One</small> <input type="radio"/> Send Email <input type="radio"/> Send Mail <input type="radio"/> Send Mail and Email <input type="radio"/>			
Do you have income from any other the following sources? <input type="radio"/> Alimony <input type="radio"/> Child Support <input type="radio"/> Rental Income <input type="radio"/> Other _____ <small>Please Circle One</small>			
Do you currently hold or have you previously held a position as senior political official in any form of foreign government? <input type="radio"/>			Yes-Current <input type="radio"/> Yes-Former <input type="radio"/> No <input type="radio"/>
If yes, what is/was the position?		If yes, in what country?	
Do you have a family member or close associate who currently serves or have they formerly served a high position as a senior political official in any form of foreign government? <input type="radio"/>			Yes-Current <input type="radio"/> Yes-Former <input type="radio"/> No <input type="radio"/>
If yes, what is the name of the senior political official?		If yes, relationship to client?	
If yes, what is/was the position?		If yes, in what country?	
Do you require Private Banking or Wealth Management Services? <input type="radio"/> Yes <input type="radio"/> No			
If yes, what is the source of your wealth?			
If yes, what is your current source of funds?		If yes, what is your estimated net worth?	
Are you a MB Prepaid CardHolder? <input type="radio"/> Yes <input type="radio"/> No		Will you be utilizing Mobile Banking Services? <input type="radio"/> Yes <input type="radio"/> No	

Please complete other side →



Personal Account Application

Account Information - Know Your Account (KYA)

Type of Account Please Circle One <input checked="" type="radio"/> Deposit <input type="radio"/> Prepaid <input type="radio"/> Trust <input type="radio"/> Loan	MB Guard My Card Opt In/Out Please Circle One <input type="radio"/> Ineligible <input type="radio"/> Opt In <input type="radio"/> Opt In by Email/Web <input type="radio"/> Opt In by Phone <input type="radio"/> Opt Out
Referral code Please Circle One <input checked="" type="radio"/> Bank at Work <input type="radio"/> Bank Signage <input type="radio"/> Billboard <input type="radio"/> Current Customer <input type="radio"/> Direct Mail <input type="radio"/> Event Sponsorship <input type="radio"/> News Story <input type="radio"/> Online Advertising <input type="radio"/> Radio <input type="radio"/> Referred <input type="radio"/> Social Media <input type="radio"/> Sporting Event <input type="radio"/> Television <input type="radio"/> Train/Transit Signage	
Source of Initial Account Funding Please Circle One	Currency \$ _____ Check - Mailed In <input type="checkbox"/> Branch Check <input type="checkbox"/> Check <input checked="" type="checkbox"/> Automatic DB/CR (ACH) Wire Transfer <input type="checkbox"/> Draw from an MB Loan <input type="checkbox"/> Internal Transfer from MB Acct <input type="checkbox"/> In-Kind Asset Transfers Other _____
How much of the initial account funding came from outside the US? \$ _____	
Do you anticipate depositing or withdrawing cash (including ATM withdrawals) through this account? Yes No Incoming Expected Monthly Dollar \$ _____ Outgoing Expected Monthly Dollar \$ _____	
Do you anticipate using this account to send or receive wires? Yes No Incoming Domestic Expected Monthly Volume _____ Incoming Int'l Expected Monthly Volume _____ Outgoing Domestic Expected Monthly Dollar \$ _____ Outgoing Int'l Expected Monthly Dollar \$ _____ Countries sent to/from: Purpose <input type="checkbox"/> Investment Income <input type="checkbox"/> Pension/Retirement Earnings <input type="checkbox"/> Sale of a Business <input type="checkbox"/> Payroll <input type="checkbox"/> Family Support Please Circle All That Apply Other _____	
Do you anticipate using this account to send or receive Automatic DB/CR (ACH)? <input checked="" type="radio"/> Yes <input type="radio"/> No Incoming Domestic Expected Monthly Volume _____ Incoming Int'l Expected Monthly Volume _____ Outgoing Domestic Expected Monthly Dollar \$ _____ Outgoing Int'l Expected Monthly Dollar \$ _____ Countries sent to/from: Purpose <input checked="" type="radio"/> Payroll <input type="checkbox"/> Pension/Retirement Earnings <input type="checkbox"/> Overseas Investment Income <input type="checkbox"/> Family Support <input type="checkbox"/> IRA <input type="checkbox"/> Gifts <input type="checkbox"/> SSI <input type="checkbox"/> SDI Please Circle All That Apply Other _____	
Do you anticipate using this account to purchase Monetary Instruments? Yes No Examples Include Cashiers' Checks and Money Orders Expected Number Purchased Monthly _____ Expected Dollar Amount Purchased Monthly \$ _____ Purpose <input type="checkbox"/> Pay Rent/Mortgage <input type="checkbox"/> Pay Utility Bills <input type="checkbox"/> Pay Credit/Charge Card Bills <input type="checkbox"/> Pay Other Bills <input type="checkbox"/> Family Support Please Circle All That Apply Other _____	
Do you anticipate purchasing gift cards through this account? Yes No Expected Dollar Amount Purchased Monthly \$ _____ Please describe the purpose _____	

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 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.

Customer Signature: _____

Banker Signature: _____

Cost Center: _____ **Date:** ___/___/___

For Internal Use Only:
Commercial Banking

Screening Completed on ___/___/___

MB Financial Bank
800 W. Madison
Chicago, IL 60607

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE

- INDIVIDUAL _____
 JOINT - WITH SURVIVORSHIP (and not as tenants in common)
 JOINT - NO SURVIVORSHIP (as tenants in common)
 TRUST - SEPARATE AGREEMENT:

REVOCABLE TRUST OR PAY-ON-DEATH
DESIGNATION AS DEFINED IN THIS AGREEMENT
Name and Address of Beneficiary: _____

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

DATE OPENED _____ BY _____
INITIAL DEPOSIT \$ _____
 CASH CHECK _____
HOME TELEPHONE # _____
BUSINESS PHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
MOTHER'S MAIDEN NAME _____
Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

- TIN: _____
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

X _____ (Date)

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

- TYPE OF ACCOUNT NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____

This is your (check one): **Statement Savings**

Permanent Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

- (1): I.D. # _____ D.O.B. _____
(2): I.D. # _____ D.O.B. _____
(3): I.D. # _____ D.O.B. _____
(4): I.D. # _____ D.O.B. _____
 Convenience Depositor (Individual Accounts Only)
 I.D. # _____ D.O.B. _____