



Personal Account Application

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 Employed Owner/Partner (Self-Employed) Unemployed Retired Student Disabled 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? Yes No	
Social Security Number		Birth Date (Month, Day, Year)	
ID Type 1	Driver's License State ID Passport Consular Card US Alien Registration Card Military ID card	Issue Date 1	Expiration Date 1
ID Number 1		State or Country ID (1) was issued in	
ID Type 2	Credit Card Firearm License Property Tax Bill Utility Bill Insurance Card Student ID Employee ID Voter Reg Card	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 Do not opt out of either Opt out of non-affil. sharing Opt out of affil. Sharing Opt out of both <small>Please Circle One</small>			
Solicitation/Contact Preference Bulk Statement Do Not Send Email Do Not Send Mail Do Not Send Mail or Email <small>Please Circle One</small> Send Email Send Mail Send Mail and Email			
Do you have income from any other the following sources? Alimony Child Support Rental Income 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? Yes-Current Yes-Former No 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? Yes-Current Yes-Former No 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? Yes 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? Yes No		Will you be utilizing Mobile Banking Services? Yes No	



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Account Information - Know Your Account (KYA)	
Type of Account <small>Please Circle One</small> Deposit Prepaid Trust Loan	MB Guard My Card Opt In/Out Ineligible Opt In Opt In by Email/Web Opt In by Phone Opt Out <small>Please Circle One</small>
Referral code <small>Please Circle One</small> Bank at Work Bank Signage Billboard Current Customer Direct Mail Event Sponsorship News Story Online Advertising Radio Referred Social Media Sporting Event Television Train/Transit Signage	
Source of Initial Account Funding <small>Please Circle One</small>	Currency \$ _____ Check - Mailed In Branch Check Check Automatic DB/CR (ACH) Wire Transfer Draw from an MB Loan Internal Transfer from MB Acct 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 Investment Income Pension/Retirement Earnings Sale of a Business Payroll Family Support <small>Please Circle All That Apply</small> Other _____	
Do you anticipate using this account to send or receive Automatic DB/CR (ACH)? 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 Payroll Pension/Retirement Earnings Overseas Investment Income Family Support IRA Gifts SSI SDI <small>Please Circle All That Apply</small> Other _____	
Do you anticipate using this account to purchase Monetary Instruments? Yes No <small>Examples Include Cashiers' Checks and Money Orders</small> Expected Number Purchased Monthly _____ Expected Dollar Amount Purchased Monthly \$ _____	
Purpose Pay Rent/Mortgage Pay Utility Bills Pay Credit/Charge Card Bills Pay Other Bills Family Support <small>Please Circle All That Apply</small> 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 Beneficiaries:

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

[X]

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 acknowledge 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): [X]

I.D. # _____ D.O.B. _____

(2): [X]

I.D. # _____ D.O.B. _____

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Convenience Depositor (Individual Accounts Only)
[X]

I.D. # _____ D.O.B. _____