

<b>Customer Information - Know Your Customer (KYC)</b>			
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	

*Please complete other side →*



# Personal Account Application

## Account Information - Know Your Account (KYA)

<b>Type of Account</b> Please Circle One <input checked="" type="radio"/> Deposit <input type="radio"/> Prepaid <input type="radio"/> Trust <input type="radio"/> Loan	<b>MB Guard My Card Opt In/Out</b> 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
<b>Referral code</b> 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	
<b>Source of Initial Account Funding</b> 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 _____
<b>How much of the initial account funding came from outside the US?</b> \$ _____	
<b>Do you anticipate depositing or withdrawing cash (including ATM withdrawals) through this account?</b> Yes No Incoming Expected Monthly Dollar \$ _____ Outgoing Expected Monthly Dollar \$ _____	
<b>Do you anticipate using this account to send or receive wires?</b> 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 _____	
<b>Do you anticipate using this account to send or receive Automatic DB/CR (ACH)?</b> <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 _____	
<b>Do you anticipate using this account to purchase Monetary Instruments?</b> 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 _____	
<b>Do you anticipate purchasing gift cards through this account?</b> 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 \_\_\_/\_\_\_/\_\_\_

ACCOUNT AGREEMENT

MB Financial Bank
800 W Madison St
Chicago, IL 60607

Account Number:

Account Owner(s) Name & Address

Agreement Date: By:

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: MB Statement Savings

Checking Savings NOW

Initial Deposit \$ Source:

Ownership of Account - CONSUMER Purpose

- Individual
Joint - With Survivorship
Joint - No Survivorship
Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation as Defined in this Agreement

(Name and Address of Beneficiaries):

Additional Information:

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

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(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.

Authorized Signer (Individual Accounts Only)

[X]

I.D. # D.O.B.

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
LLC (LLC tax classification: C Corp S Corp Partnership)
C Corporation S Corporation Non-Profit

Business:

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I certify under penalties of perjury that the statements made in this section are true.

TIN: The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to 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 Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).