

Exhibit A

**NEW ACCOUNT CUSTOMER IDENTIFICATION VERIFICATION**

The Union Bank of Blair has adopted a Customer Identification Policy, which is designed to help government fight the funding of terrorism and money laundering activities. This Policy is meant to comply with Section 326 of the USA Patriot Act and sets forth the standards used by the Bank to identify Bank customers.

DATE: \_\_\_\_\_

NAME (1): \_\_\_\_\_ S.S.# \_\_\_\_\_  
(The way your name appears on Social Security Card)

Driver's License No. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

NAME (2): \_\_\_\_\_ S.S.# \_\_\_\_\_  
(The way your name appears on Social Security Card)

Driver's License No. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**NAME 1**

**NAME 2**

Employer: \_\_\_\_\_ Employer \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_ City, State and ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Former Bank affiliation:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Accounts Held: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loans \_\_\_\_\_

**COMPLETE BACK PAGE**

Name/Address of Nearest Relative: (not living with you)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Deposits: \_\_\_\_\_

(Such as cash, checks, etc.)

Source of Deposits: \_\_\_\_\_

(Such as Payroll, Investments, etc.)

Wire Transfer Use: \_\_\_\_\_

(Incoming, Outgoing, Domestic, International)

By signing this form, I have received the proper disclosure pertaining to the account that I have opened. I have provided you with my true identity. If signing for a minor, I am verifying their identity. I am authorizing the Union Bank of Blair to obtain information concerning my credit standing if I establish any account with the Union Bank of Blair that is subject to withdrawal by check, draft, card or similar items, or from which I preauthorize transfers.

Signature of customer or parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of customer or parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of employee verifying information: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use only:

OFAC \_\_\_\_\_ Chex Systems \_\_\_\_\_ BSA Risk Matrix \_\_\_\_\_ Thank you \_\_\_\_\_

**BUSINESS ACCOUNTS:**

\_\_\_ If checked, the Business Depositor certifies that it does not engage in an Internet gambling business.  
Unlawful Internet Gambling Enforcement Act (UIGEA)

\_\_\_ Does this business customer have an ATM at their location, if so complete the Privately Owned ATM Checklist form (Exhibit B)

\_\_\_ Is this account a Money Service Business

Description of Identification Documents used:

Type: \_\_\_\_\_

ID#: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_

ID#: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_