

Shocker Checking Application

PLEASE WRITE LEGIBLY IN INK – NO PO BOX NUMBERS



SIGNATURE CARD/W-9

DATE OPENED:

OPENED BY: 74572	ACCOUNT NUMBER:
COST CENTER: 04572	ACCOUNT TYPE: PK 113-SHOCKER CKG
CUSTOMER (1):	SOC SEC/TAX ID NO.:
	DATE OF BIRTH:
	PHONE:
CUSTOMER (2): N/A	DATE OF BIRTH: SOC SEC/TAX ID NO.:
CUSTOMER (3): N/A	DATE OF BIRTH: SOC SEC/TAX ID NO.:

ACCOUNT TITLE:

SHOCKER CARD NUMBER

6027-00 _____ - _____ - _____

This account is subject to the terms of the Commerce Bank Depository Account Agreement.

EMPLOYEE NUMBER: _____ ACCOUNT NUMBER: _____

CERTIFICATION: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding **and**,
- I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS: You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions, CB5817)

Sign Here: (1) _____ SOC SEC/TAX ID NO. _____ DATE _____

CB5357 5/02 FCP 132

IMPORTANT

In order to open your account, you must provide additional identification by following each of these steps.

- Provide the following information here: Circle one
Driver's License • Passport • Military ID • State ID

ID Number _____ Issued By _____
Issued Date _____ Exp. Date _____

2. Please send a photocopy of the ID along with this form. If you are unable to provide this photocopy, please visit the Commerce Branch in the Rhatigan Student Center for ID verification.

Additional Customer Information

Important Information: The collection and verification of certain information is related to Anti-Money laundering regulatory requirements. Regulators by mandate of the USA PATRIOT Act require financial institutions to "know their customers." This is accomplished by asking additional questions at account opening which help to better identify customers and the types of activity that can be expected in their accounts. All information gathered is for internal use and is safeguarded using standard Commerce procedures.

- Is the customer a **U.S. Citizen**? YES NO
- Is the customer a **political official of a foreign government or a relative/close associate of a political official of a foreign government**? YES NO
If yes, name of official: _____
- Does the customer anticipate **more than two (2) cash deposits or withdrawals greater than \$1,000 per month**? YES NO
- Does the customer anticipate **wires involving a foreign country**? YES NO
- Does the customer have a **foreign address**? YES NO

If the customer IS a U.S. Citizen and the answers to the other questions are NO, do not go further. You are finished. If the customer is NOT a U.S. Citizen or the answer to any other question is YES, complete the following:

- If the customer is not a **U.S. Citizen**, what is their **country of citizenship**?
- If the customer anticipates wires involving a foreign country, **name the countries** and the **number of anticipated wires per month to/from each country**. _____
- What is the **source of deposited funds**?

<input type="checkbox"/> Payroll	<input type="checkbox"/> Cash	<input type="checkbox"/> Loans	<input type="checkbox"/> Account Transfers	<input type="checkbox"/> Gift(s)
<input type="checkbox"/> Alimony/Child Support	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Government Payments <i>(Other than Payroll)</i>	<input type="checkbox"/> Retirement Receipts	<input type="checkbox"/> Others

- For what will the **funds be used**?

<input type="checkbox"/> Household Expenses	<input type="checkbox"/> Major Purchases	<input type="checkbox"/> Taxes
<input type="checkbox"/> Account Transfer	<input type="checkbox"/> Investment/Savings	<input type="checkbox"/> Other

- What **other products and services** will be used with this account?

<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Debit/ATM Card	<input type="checkbox"/> ACH	<input type="checkbox"/> Trust	<input type="checkbox"/> Online Bill Pay
<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Cash Management	<input type="checkbox"/> Capital Markets	<input type="checkbox"/> Others	

- Indicate the **expected cash deposit activity** per month:

Number of Deposits		Amount of Deposits
<input type="checkbox"/> 0	<input type="checkbox"/> 5 to 20	<input type="checkbox"/> Less Than \$10,000
<input type="checkbox"/> Less than 5	<input type="checkbox"/> Greater than 20	<input type="checkbox"/> \$10,000 to \$50,000
		<input type="checkbox"/> Greater than \$50,000

- Indicate the **expected cash withdrawal activity** per month:

Number of Withdrawals		Amount of Withdrawals
<input type="checkbox"/> 0	<input type="checkbox"/> 5 to 20	<input type="checkbox"/> Less Than \$10,000
<input type="checkbox"/> Less than 5	<input type="checkbox"/> Greater than 20	<input type="checkbox"/> \$10,000 to \$50,000
		<input type="checkbox"/> Greater than \$50,000

Mail this application and photocopies to: Commerce Bank, 1845 Fairmount, Campus Box 105, Wichita, KS 67260

Note: If you have a record through ChexSystems, we will be unable to open your account.

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