

To Open a Personal Account:

- 1. Please fill out the attached form. You only need to complete the section inside the double lined box (From Name to Social Sec. #)**
- 2. Bring the form to any one of Nara Bank's branches with the following:**
 - **Initial Deposit**
 - **Driver's License or Identification Card**
 - **Social Security Card**
- 3. For the branch location nearest you, click on Branch Locations from www.narabank.com/branch.asp**
- 4. If you have any questions, please call (213) 389-2000 from 9:00 AM PST to 4:00 PM PST, Monday through Friday.**

NEW ACCOUNT CHECKLIST -- PERSONAL ACCOUNT



GENERAL INFORMATION						
Account Number		Portfolio Number:		Date Opened:		
Account Name:						
Account Type	<input type="checkbox"/> Checking _____ <input type="checkbox"/> MMDA <input type="checkbox"/> SAV <input type="checkbox"/> TCD Term _____ Int. _____		Check all that apply	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Non-resident <input type="checkbox"/> Other _____		
Legal Name/SSN Name	1	2	3			
Home Address	1	2	3			
City/Zip/Years in Residence	# of Yrs _____		# of Yrs _____		# of Yrs _____	
Home Phone #						
Social Security Number						
If Non-Resident, please provide foreign permanent address						
Dr. Lic./Passport/Other (Other _____)	# _____ Date _____ ST/Acy __/____ Exp _____	# _____ Date _____ ST/Acy __/____ Exp _____	# _____ Date _____ ST/Acy __/____ Exp _____			
Date of Birth						
Occupation						
Employer Name						
Employer's Address						
Work Phone #						
Mother's Maiden Name						
FOR NEW ACCOUNTS USE ONLY --- ACCOUNT PURPOSE (check all that apply):						
<input type="checkbox"/> General Personal <input type="checkbox"/> Other (Specify _____)						
<input type="checkbox"/> Will there be a Power of Attorney (POA) on the account? <input type="checkbox"/> Yes (Indicate name): _____ <input type="checkbox"/> No (Obtain completed Power of Attorney form. Collect identification information on the attorney-in-fact.)						
What type of account activity does the customer anticipate? (Check all that apply)						
<input type="checkbox"/> Cash Deposits Est. monthly activity: \$ _____ <input type="checkbox"/> Cash Withdrawals Est. monthly activity: \$ _____ <input type="checkbox"/> ACH Deposits <input type="checkbox"/> ACH Debits <input type="checkbox"/> Online Banking <input type="checkbox"/> Wire Transfers: <input type="checkbox"/> Incoming Est. monthly activity: \$ _____ <input type="checkbox"/> Outgoing Est. monthly activity: \$ _____ If any transfers will be to or from a foreign country, specify name of Country/ies: _____ <input type="checkbox"/> Other Bank Services Customer is interested in: _____ (Loans, letters of credit, safe deposit, etc.) Estimated Average Account Balance: \$ _____						
Is customer's residence/employment address near the Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," why did customer choose Nara Bank? _____ (Note: Consult an officer if the customer's residence/business is not near Nara Bank and customer has no other relationship with the Bank.) Is customer an NCCT government official or related/affiliated to a government official of an NCCT? <input type="checkbox"/> Yes* <input type="checkbox"/> No Does customer currently have other Nara Bank accounts/services? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify other accounts/services: _____ *If "Yes", inform BSA Department. _____						
Previous Bank	Account Officer	Approved By	Opened By	Input By	Review By	Addl. Verf. Needed? <input type="checkbox"/> Y <input type="checkbox"/> N
Opening Deposit <input type="checkbox"/> Check \$ _____ <input type="checkbox"/> Cash \$ _____	OFAC By: _____ Date _____	ChexSystem* By: _____ (*incl. SSN/EIN) Date _____	CIP List By: _____ Date _____	Welcome Ltr*. <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____ *if needed	Missing Info Tickler? <input type="checkbox"/> N <input type="checkbox"/> Y If "Y," Description: _____ BSA Type Code _____ BSA Risk Code _____	
Inconsistent Information? <input type="checkbox"/> N <input type="checkbox"/> Y If "Yes", describe _____ Comments/Resolution: _____						