

# IDA/MISA Participant Information Form

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 up an account, we will ask for your name, address, date of birth, social security number and your driver's license number or government issued identification number and other information that allows us to identify you.

Provider Information	
Provider Name:	

Participant Information					
Participant Preferred Contact Method:		<input type="checkbox"/> Email	<input type="checkbox"/> Phone		
First Name:		Middle or MI:		Last Name:	
Physical Address:					
Mailing Address (if different):					
Primary Phone #:			Cell Phone #:		
Date of Birth:		Email Address:			
Tax ID Number:		Additional information will be required if the accountholder does not have a Tax Identification Number.			

Primary Identification (see page 4 list of acceptable IDs)					
ID Type:		Issuer & #:		Issue Date:	
				Expiration Date:	

Remote Authentication Responses (see page 4 for questions)			
Out of Wallet Question 1:	Choose One...	Out of Wallet Answer 1:	
Out of Wallet Question 2:	Choose One...	Out of Wallet Answer 2:	

<p><b>Bank Use Only</b> To be completed by the associate who identified the customer in the situation when they will not be the person who opens the account.</p> <p><b>Associate Information and Acknowledgement</b> I followed Bank identification procedures. I met the individual in person and obtained their current Primary ID (from the list of acceptable ID types). I inspected the document and it appeared genuine. All identification information recorded on this form matches the copy I inspected.</p> <p>Name: _____ Title: _____</p> <p>Signature: _____ Date: _____</p>
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Demographics				
<b>Political Exposure Information</b> – Individuals who are or have been entrusted with a prominent public function, as well as to their immediate family members and close associates. Includes tribal elected officials.				
Is the person a Politically Exposed Person:			Politically Exposed Person:	
U.S. Citizen:		U.S. Resident:		
Country Code:				
Current or Last Occupation:			Ownership Type:	
Funding Amount:		Type:	Source:	Investment Income
Anticipated Monthly Cash Information				
# of Deposits:		Dollar Amount:		
# of Withdrawals:		Dollar Amount:		
Anticipated Monthly Wire Transfer Information				
Will the customer be utilizing wire transfer services?				
Domestic:	Incoming #:		Incoming Dollar Amount:	
	Outgoing #:		Outgoing Dollar Amount:	
Foreign:	FX Incoming #:		FX Incoming Dollar Amount:	
	FX Outgoing #:		FX Outgoing Dollar Amount:	

## Beneficiary Designation

Would you like to designate a beneficiary? If yes, complete the remainder of this section		
IDA/MISA Program:		
IDA/MISA Participant Name:		
Account Number: (Columbia Bank to complete)		

I am the Participant on the above referenced IDA/MISA program. Upon my death, the funds in the IDA/MISA are eligible for payment to my designated beneficiary/ies as permitted by applicable state law. I hereby designate the following individuals as payable-on-death beneficiaries of my IDA/MISA will be paid in equal shares to the Beneficiaries upon my death.

	Legal Name of each Beneficiary (please list)	Address and/or Phone Number for each Beneficiary (optional – see note below)
1.		
2.		
3.		
4.		
5.		
6.		

*Note: It is preferred, but not required, that you provide contact information for each Beneficiary. Contact information will be used to assist with identifying your Beneficiary in the event of your death.*

I understand that this Beneficiary Designation will remain effective until I notify Columbia Bank in writing of its revocation by completing the Revocation Notice below.

\_\_\_\_\_  
Signature of IDA/MISA Participant

\_\_\_\_\_  
Date

## Revocation Notice

As indicated by my signature below, I revoke the above Beneficiary Designation in its entirety. Revocation as to some but not all Beneficiaries requires execution of a replacement Beneficiary Designation form. This Revocation Notice shall be effective within a reasonable time after acceptance by Columbia Bank.

\_\_\_\_\_  
Signature of IDA/MISA Participant

\_\_\_\_\_  
Date

## Primary Identification Types

If you do not have an acceptable form of ID, please contact an Columbia Bank associate for assistance.

In the Primary ID field on page 1 of this form, enter details of one item of Primary ID from the following list.

**IMPORTANT NOTES:** ID with the notation “not for ID Purposes” and/or expired ID are not acceptable. A document with “Not a REAL ID” or similar noted (to indicate it is not in compliance with the REAL ID Act of 2005) is acceptable.

Identification Type	Information to record on page 1			
	Type	Issuer & Number	Issue Date	Expiration Date
U.S., Canadian or Mexican Driver’s License with photo	State/Canadian/ Mexican DL (as applicable)	Issuing State/Country & #	Issue Date	Expiration Date
U.S. Passport or Foreign Passport (written in English) with photo	Passport	Issuing Country & #	Issue Date	Expiration Date
U.S. State ID with photo and signature	State ID	2-letter state code & #	Issue Date	Expiration Date
United States Armed Forces ID Card or Military ID with photo	USDOD	USDOD #	Issue Date	Expiration Date If it shows <b>Indef</b> on front, look at back. If none, enter <b>Retired</b>
USCIS American Indian Card / Tribal ID with photo and Expiration Date	TID	Tribe Name & (if available) Control #	Issue Date (if available)	Expiration Date (required)
U.S. Permanent Resident Alien (“Green”) Card with photo and expiration date	RAGC	Country of Citizenship & #	Issue Date (if available)	Expiration Date
Consular Card (to include Matricula Consular Card) with photo	CC	Issuing Country & #	Issue Date (if available)	Expiration Date

## Remote Authentication Questions

For your protection and security, Columbia Bank requests that you provide us with two questions that we may use to identify you when you make an account inquiry or request: over the phone, via fax, or email.

Select from one of the following questions:

- What was your first car?
- What was the color of your first car?
- What was the name of your first pet?
- Name of your favorite childhood friend?
- Where would you like to travel someday?
- Name of the 1st company you worked for?
- Name of your first girlfriend/boyfriend?
- In what town was your first job?
- Your favorite restaurant in college?
- Town your grandmother lived in?
- City or town where your parents met?
- Name of your 3rd grade teacher?
- Name of your elementary school?
- Street you lived on in 3rd grade?
- Name of the first school you attended?
- What was your childhood nickname?
- In what city was your high school?
- Name of the best man at your wedding?
- School attended in 6th grade?
- In what city were you married?