



Customer Information Profile

First Name _____ M _____ Last Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Employer _____ Occupation _____

Prior Financial Institution _____ Online Banking Username (Optional) _____

What percent of your income is derived from a marijuana related business? _____

Please answer three of the five security questions listed below:

1. Father's Middle Name? _____
2. Favorite Sports Team? _____
3. Favorite Color? _____
4. High School Mascot? _____
5. City Where You Were Born? _____

How did you hear about us:

_____ Advertisements	_____ Social media
_____ Friend or Family Member	_____ Community Events
_____ Website/Online Search	_____ Other: _____

X _____ Date _____

I agree the information provided above is true and correct to the best of my knowledge.

Consumer Beneficiary Information

BENEFICIARY – 1

First Name	MI	Last Name	Date of Birth
Phone Number		Social Security Number	
Physical Address			
City	State	Zip Code	

BENEFICIARY - 2

First Name	MI	Last Name	Date of Birth
Phone Number		Social Security Number	
Physical Address			
City	State	Zip Code	

BENEFICIARY – 3

First Name	MI	Last Name	Date of Birth
Phone Number		Social Security Number	
Physical Address			
City	State	Zip Code	