



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

REFERRED BY: \_\_\_\_\_

## CLIENT INFORMATION WORKSHEET

Federal law (USA Patriot Act of 2001) requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

When you open an account, we will ask for your name, a date of birth, taxpayer or other government identification number and other information that will allow us to identify you. If the account is for a business entity (corporation, partnership, LLC, or LLP) we will require the legal name, the street address of its principal place of business and the entity's taxpayer identification number (TIN). The same type of identification will be requested of others that you add to your existing account. Great Plains Trust Company will not establish an account relationship until the above required information is obtained. Additional information may be required as needed for the verification process. In all cases, protection of your identity and confidentiality of this information is our pledge to you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Taxpayer Identification Number

\_\_\_\_\_  
Date of Birth                      Age

\_\_\_\_\_  
 Work     Cell     Home  
 Preferred Phone Number

\_\_\_\_\_  
 Work     Cell     Home  
 Additional Phone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Taxpayer Identification Number

\_\_\_\_\_  
Date of Birth                      Age

\_\_\_\_\_  
 Work     Cell     Home  
 Preferred Phone Number

\_\_\_\_\_  
 Work     Cell     Home  
 Additional Phone Number

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer Address

### DEPENDENTS:

Name	Birthdate	Age	Social Security #
_____ Name	_____ Birthdate	_____ Age	_____ Social Security #
_____ Name	_____ Birthdate	_____ Age	_____ Social Security #
_____ Name	_____ Birthdate	_____ Age	_____ Social Security #
_____ Name	_____ Birthdate	_____ Age	_____ Social Security #