Denali Escrow Services, Inc.

CUSTOMER IDENTIFICATION VERIFICATION

(PURSUANT TO SECTION 326 OF THE US PATRIOT ACT EFFECTIVE 10/1/03)

INDIVIDUAL INFORMATION

Completion of this form is required prior to the establishment of new accounts, or acknowledgement, but not limited to, the Change of Payer and Transfer by Payee

Important information about procedures for opening a new account

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 to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Customer Information:

Attach Copy: You must attach a copy of a government issued identification card. This card must have a picture and signature. No expired identification will be accepted.

REQUIRED			
Customer Name:			
	.O. Box not allowed):		
City:	State:	Zip Code:	
Birth Date:	Social Security Nun	nber:	
Home Phone:			
Business Phone:			
Should your physical identification card, ple	address above, be different for ease state the reason for the	rom the one listed on you difference, and your previ	r attached ious address below:
Previous Address:			
	State:	Zip Code:	
Reason:			T. All
Customer's Signature:		Date:	
Office Use			
☐ Driver's License	☐State I.D. Card	☐ Tribal I.D. Card	☐ Military Card
☐ Passport	☐U.S. Alien Registra	ation Card	☐ Other
Issued by: Document No	Issued Date:		