HEALTHCARE PROFESSIONAL CHECKLIST

New Account & Loan Requirements

☐ APPLICANT NAME(S) as listed on ID _____

_____

☐ BENEFICIARY(IES) _____

☐ CURRENT PHYSICAL ADDRESS _____

☐ MAILING ADDRESS _____

☐ ADDRESS IF NOT CORRECT ON ID _____

☐ IF CURRENT ADDRESS DOES NOT MATCH ID, NEED TO PROVIDE UTILITY BILL OR GOVERNMENT-ISSUED MAIL

☐ PHONE # _____ EMAIL ADDRESS _____

☐ SS # _____ DATE OF BIRTH ____/____/____

☐ MARITAL STATUS _____ SPOUSE NAME _____

☐ OCCUPATION _____ EMPLOYER _____

☐ PREFERRED METHOD OF CONTACT _____

ARE YOU FILING AND PAYING TAXES IN THE US? ☐ YES ☐ NO

IDENTIFICATION SECURITY QUESTIONS

1. FAVORITE COLOR? _____
2. FAVORITE MOVIE? _____
3. MOTHER'S MAIDEN NAME _____

If you answer YES to either question below, Legence Bank is unable to open an account for you or your business.

Do you or does your business/employer grow, cultivate, manufacture, or sell marijuana?	YES	NO
Are you associated with an entity that provides essential business services or support to marijuana-related businesses such as accounting firm, electrician, lawyer, landlord, etc?	YES	NO

Legence® Bank Member FDIC

HEALTHCARE PROFESSIONAL CHECKLIST

New Account & Loan Requirements

Required Forms of ID: US Person

One of the Following - *Valid & Current*

Driver's License	State Issued ID	Military ID
US Passport	Illinois Temporary ID	Permanent Resident Card

Required Forms of ID: Non-US Person (H-1B Visa Holders)

ALL Items Below - *Valid & Current*

Driver's License or State ID	H-1B Visa	Passport
Social Security Card or ITIN Documentation		

Accepted Forms of ID: Non-US Person (H-4 Visa Holders for Spouse or Dependent Minor)

ALL Items Below - *Valid & Current*

Driver's License or State ID (if applicable)	H-4 Visa	Passport
Social Security Card or ITIN Documentation (if applicable)		

Legence® Bank Member FDIC