



Customer Risk Profile Questionnaire (FinCen CDD Rule)

Legal entity customer name: _____

Type of entity (C-Corp, LLC, Limited Partnership, etc): _____

Account #(s): _____

What is the business or purpose of the customer entity? _____

Goals of the account? _____

How will the account be used to achieve stated goals? _____

Anticipated number of deposits per month: _____

Anticipated number of wires per month: _____

Anticipated number of ACH transactions per month: _____

Anticipated number of checks/check writing per month: _____

Anticipated annualized account balance (cash and securities): _____

Anticipated number of traders per month: _____

Control person signature: _____ Date: _____

Control person name: _____

****Internal Use Only****

- AML Risk Score: __Low (Standard procedures apply)
__Medium (AML officer review quarterly)
__High (AML officer review monthly or more frequently)

AML officer signature: _____ Date: _____

Name: _____

When complete, please scan and submit this document to newaccounts@coastal-one.com.
Non-profit organizations and sole proprietorships are exempt from this process.