

## **KENT SCHOOL STUDENTS**

### **ACCOUNT OPENING**

**International Students will need the following:**

1. Copy of Passport
2. W-8 Form filled out and signed, using address 1 Macedonia Rd, Kent CT as their US address.
3. Consumer CDD Questionnaire
4. Customer-Prospect Worksheet

## Consumer CDD Manual Questionnaire

Questions to ask your customer	Answers
1. Have you or an immediate family member or close associate ever held a position as a Senior Foreign Political Figure or Foreign Government Official?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or an immediate family member or close associate ever held a position as a Senior Foreign Official of a major political party or a Senior Executive of a Foreign Government-Owned business including charitable organizations?	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is your employment status?	3. Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>• If Employed complete questions below:                         <ul style="list-style-type: none"> <li>a. Employer Name</li> <li>b. Job Title</li> </ul> </li> </ul>	a.
	b.
<ul style="list-style-type: none"> <li>• If Self-Employed complete questions below:                         <ul style="list-style-type: none"> <li>a. Name of business</li> <li>b. Primary activity of business</li> <li>c. Date business was established</li> </ul> </li> </ul>	a.
	b.
	c.
4. Do you intend to use international wire services?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If YES, complete the questions below:                         <ul style="list-style-type: none"> <li>a. What is the average monthly dollar amount you intend to wire?</li> <li>b. What type of transactions do you plan on conducting?</li> </ul> </li> </ul>	a.
	b. Check all that apply: <input type="checkbox"/> Send Domestic Wires <input type="checkbox"/> Make Investments <input type="checkbox"/> Purchase Monetary Instruments <input type="checkbox"/> Direct Deposits and/or ACH <input type="checkbox"/> None of the above
5. How much cash do you expect to deposit to your account in a month?	5.
6. How much cash do you expect to withdraw to your account in a month?	6.

Banking Center and Employee Information	
Banking Center Name:	Banking Center #:
Banker Name:	Date:

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.  
 ► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- A person acting as an intermediary . . . . . **W-8IMY**

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	
Country	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

**Sign Here** ►

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 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

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 Print name of signer Capacity in which acting (if form is not signed by beneficial owner)

**Nonresident Alien: Reason for U.S. Address**

I am a nonresident alien individual, not a U.S. person, but I have provided a U.S. address for the following reason:

Please initial the one (1) reason below that applies to you. This information is required to open an account and to avoid withholding interest at the current withholding rate.

\_\_\_\_\_ I am currently a student at a U.S. educational institution. **(F, J, M or Q visa holders only)**

\_\_\_\_\_ I am currently:

- A Teacher at a U.S. educational institution,
- A trainee or intern, or
- A participant in an educational or cultural exchange visitor program.  
**(J or Q visa holders only)**

\_\_\_\_\_ I am currently a foreign government-related individual assigned to a diplomatic post (consulate, embassy or international organization) in the U.S. **(A or G visa holders only)**

\_\_\_\_\_ I am the spouse or unmarried child (under age 21) of a foreign student, teacher, trainee, intern, exchange visitor, international organization employee, or other foreign government-related individual, who lives at this same address.

\_\_\_\_\_ I have arranged for another person to receive my mail for personal security or convenience purposes. **(Do not select this reason if your permanent residence address on Form W-8BEN, Line 3, is in the U.S.)**

**This written explanation is being provided to support my status as a non-U.S. person and to explain why I have a U.S. permanent residence address or U.S. mailing address on my Form W-8BEN or in my bank records. I certify that all of the information, documents and statements supporting my non-U.S. status are true, correct and complete.**

**Sign Here ►**

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Capacity in which acting

Form **W-8BEN**

(Rev. February 2014)

Department of the Treasury  
Internal Revenue Service

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

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► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
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- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- A person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner Full name as shown on passport 2 Country of citizenship China

3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.  
Home address in China  
City or town, state or province. Include postal code where appropriate. Country: China

4 Mailing address (if different from above)  
1 Macedonia Rd.  
City or town, state or province. Include postal code where appropriate. Country: USA  
Kent CT 06157

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 6 Foreign tax identifying number (see instructions)

7 Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYY) (see instructions)  
Students DOB

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

9 I certify that the beneficial owner is a resident of Country of citizenship within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here ► Student signature Date Self  
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Student Name  
Print name of signer Capacity in which acting (if form is not signed by beneficial owner)

**Nonresident Alien: Reason for U.S. Address**

I am a nonresident alien individual, not a U.S. person, but I have provided a U.S. address for the following reason:

Please initial the one (1) reason below that applies to you. This information is required to open an account and to avoid withholding interest at the current withholding rate.

I am currently a student at a U.S. educational institution. (F, J, M or Q visa holders only)

I am currently:

- A Teacher at a U.S. educational institution,
- A trainee or intern, or
- A participant in an educational or cultural exchange visitor program. (J or Q visa holders only)

I am currently a foreign government-related individual assigned to a diplomatic post (consulate, embassy or international organization) in the U.S. (A or G visa holders only)

I am the spouse or unmarried child (under age 21) of a foreign student, teacher, trainee, intern, exchange visitor, international organization employee, or other foreign government-related individual, who lives at this same address.

I have arranged for another person to receive my mail for personal security or convenience purposes. (Do not select this reason if your permanent residence address on Form W-8BEN, Line 3, is in the U.S.)

This written explanation is being provided to support my status as a non-U.S. person and to explain why I have a U.S. permanent residence address or U.S. mailing address on my Form W-8BEN or in my bank records. I certify that all of the information, documents and statements supporting my non-U.S. status are true, correct and complete.

Sign Here ► student signature      Date      self  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)      Date (MM-DD-YYYY)      Capacity in which acting

SAMPLE

# Customer/Prospect Worksheet

(for internal use only)



**LEGAL NAME**

First:	Middle:	Last:
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**PRIMARY RESIDENCE**

Street Address:	
Town/City:	State:
MAILING ADDRESS (if different from Primary Residence)	
Street Address:	
Town/City:	State:
Date of Birth (MM/DD/YYYY):	
SSN/EIN #:	
Country of Citizenship:	

Street Address:	Zip Code:
Town/City:	State:
Date of Birth (MM/DD/YYYY):	SSN/EIN #:

Country of Citizenship:	If non US circle one: Resident Alien (or) Non-Resident Alien
A W8-BEN is required for Non-Resident Aliens, has one been filed? YES (or) NO	

**PRIMARY IDENTIFICATION**

Type:	
Issuer:	
Number:	
Issue Date:	
Expiration Date:	

**SECONDARY IDENTIFICATIONS**

Type:	
Issuer:	
Number:	
Issue Date:	
Expiration Date:	

**DO NOT CONTACT**

Share Credit Info?	YES	(or)	NO
Contact via Email?	YES	(or)	NO
Contact via Mail?	YES	(or)	NO
Contact via Phone?	YES	(or)	NO

**COMMUNICATION METHODS**

Home Telephone:	
Work Telephone:	
Mobile Telephone:	
E-mail Address:	

**DEBIT CARD OVERDRAFT SERVICES**

<input type="checkbox"/> Opt-In
<input type="checkbox"/> Not Opted-In

**NEW ACCOUNT INFORMATION**

Product Type:	
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**ADDITIONAL SERVICES**

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Loans	<input type="checkbox"/> Other:
<input type="checkbox"/> VISA Check Card	<input type="checkbox"/> WIS	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Safe Deposit Box	

**Customer Signature:**

Customer Signature:	Date:
eFunds Verification #:	