

Mortgage Savings Program™ Client Identification Form

This form is intended for the sole purpose of notifying AAA Financial Corporation of any updates to your Mortgage Savings Program™ enrollment. As a result of the US Patriot Act and the strict requirements developed after September 11, 2001, to prevent any terrorist activity, we are required to audit our clients' files for accuracy. All missing information must be supplied on this form to reactivate your enrollment and/or to maintain an active status on your account. We reserve the right to cancel or refuse reactivation of an account that lacks information needed to remain in compliance with regulations set forth to verify identity.

ENROLLMENT #:

PRIMARY CLIENT INFORMATION:

Social Security #: _____ Date of Birth: ____/____/____

Copy of Driver's License or State / Government ID is included with this form.

Driver's License or State / Government ID #: _____

ID Type: _____ Expiration Date: ____/____/____ Issuing State: _____

SECONDARY CLIENT INFORMATION:

Social Security #: _____ Date of Birth: ____/____/____

Copy of Driver's License or State / Government ID is included with this form.

Driver's License or State / Government ID #: _____

ID Type: _____ Expiration Date: ____/____/____ Issuing State: _____

OTHER INFORMATION:

Property Address: _____

Mailing Address: _____

Home Phone #: () _____ - _____ Proof of Bank Account Information is included
Work Phone #: () _____ - _____ (a copy of a voided check, coded deposit slip or
Cell Phone #: () _____ - _____ bank statement that is pre-printed with the primary
Email: _____ or secondary client's name).

ACKNOWLEDGEMENT:

By signing below, I acknowledge that all information contained within this Client Identification Form is true and accurate. I further acknowledge it is my responsibility to notify AAA Financial Corporation of any changes in the above information within 30 days of the change to keep my account in compliance with the requirements set forth by the US Patriot Act client identification requirements.

Primary Client's Signature _____ Date ____/____/____

Secondary Client's Signature _____ Date ____/____/____

Please submit this form to: AAA Financial Corporation Phone: (800) 881-2530 / (954) 344-2530
9600 West Sample Road, Suite 301 Fax: (800) 335-2530 / (954) 344-0257
Coral Springs, FL 33065 Email: Info@aaafinancial.com
Website: www.aaafinancial.com