

Legal Entity Application for Business Account

(Check one) New Customer Existing Customer

PART I

Information

Name of Legal Entity: _____

Tax Reporting Number (EIN or SSN if Sole Prop/Single Member LLC): _____

Physical Address: _____

Mailing Address: _____

Phone number: _____

Email Address: _____

What does the business do? _____

Who is your targeted customer base? _____

What is the purpose of the account (Operations, Payroll, etc.)? _____

Source of funds used to open account: _____

Type of Legal Entity:

Sole Proprietorship Corporation LLC Partnership Non-profit Club/Team/Organization

Other: _____

PART II

Banking transactions anticipated

Cash

International Wires

Merchant Services

Checks

Domestic Wires

Remote Deposit Capture

Debit Card transactions

Online Banking

Other: _____

ACH Transactions

Mobility Banking

PART III

Products Desired

Checking

CD

Business Loan

Savings

Debit Cards

Other: _____

PART IV**Risk Assessment****Internet gambling questions**

- Does your company have any games or financial activities on its website? Yes No
- Do you provide services to companies who provide internet gambling? Yes No

MSB Questions

- Does your company cash checks for other people? Yes No
- If yes, could it be greater than \$1000 per person/day? Yes No
- Does your company issue cashier's checks or money orders? Yes No
- If yes, could it be greater than \$1000 per person/day? Yes No
- Does your company exchange any minted currency (foreign or domestic)? Yes No
- If yes, could it be greater than \$1000 per person/day? Yes No
- Do you transmit currency, even virtual currency, at any dollar amount? Yes No
- Example: Processing wire transfers for your customers
- Do you sell or provide prepaid cards? Yes No
- Does your business own any ATM machines? Yes No
- Is this business a marijuana-related business? Yes No

Nonprofit Organizations

- What is the purpose of your nonprofit organization? _____
- Where do the donations come from? _____
- Copy of 501C paperwork required.

PART V**Documentation on Structure of the Business**

The following documentary and non-documentary items are required based on the business type:

- Sole proprietorship:** Business Resolution, if doing business under a Fictitious Name a Registration of Trade or Fictitious name is required with the Secretary of State. (SKIP PART VI)
- Corporation:** Articles of Incorporation, Business Resolution, as well as, registration with Secretary of State.
- Limited Liability Company (LLC):** Articles of Organization, Business Resolution, as well as, registration with Secretary of State.
- Partnership:** Certificate of Partnership, Business Resolution, as well as, registration with Secretary of State (excluding General Partnership)
- Club/Team/Organization/Etc:** Business Resolution
- Multi-Tier Business:** Multi-Tier Business Form, Business Resolution for every business, as well as, registration with Secretary of State.

PART VI

Beneficial Ownership

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name & Title of Person Opening Account:

b. Name & Type of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

Not Applicable- No individual meets this definition

1. Copy of ID obtained

Name

Date of Birth

Address

Social Security Number

2. Copy of ID obtained

Name

Date of Birth

Address

Social Security Number

3. Copy of ID obtained

Name

Date of Birth

Address

Social Security Number

4. Copy of ID obtained

Name

Date of Birth

Address

Social Security Number

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed under section (c) above may also be listed in this section (d).

1. Copy of ID obtained

Name

Date of Birth

Address

Social Security Number

I, _____ (*name of person opening account*), hereby certify, to the best of my knowledge, that the information provided herein is complete and correct. I also agree to notify _____ of any change in the information provided within this Certification.

Signature: _____ Date: _____

PART VII

Authorized Signer Info

The following information and documentation is needed for each Authorized Signer:

- Completed Customer Information Form
- Copy of Driver's License
- Proof of address if address on Driver's License is not accurate