



BUSINESS AND OTHER ENTITY NEW ACCOUNT APPLICATION

| ACCOUNT INFORMATION | | | | |
|---|------------|--|--|---------------------|
| Account Type: <small>(Refer to Product Brochure)</small> | | Account #: | | Opening Deposit: \$ |
| Business Name: | NAICS Code | | | |
| DBA Name: <small>(If applicable)</small> | | Subtitle: <small>(If applicable)</small> | | |
| Tax ID#: | | Nature of Business: <small>(detailed)</small> | | |
| Business Phone #: | | Business Fax #: | | |
| Physical Address: | | City, State, Zip: | | |
| Mailing Address: <small>(If applicable)</small> | | City, State, Zip: | | |

| PRODUCTS REQUESTED | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Business Check Card | <input type="checkbox"/> Order Checks | |

| OWNERSHIP OF ACCOUNT | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Sole Proprietorship or Single Member LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> LLC enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership) | | <input type="checkbox"/> Trust | <input type="checkbox"/> Other: |

| ACCOUNT SIGNER(S) INFORMATION | | | | | |
|--|---|--|--|----------------|--|
| Signer will be a signer on: | | <input type="checkbox"/> New Account <input type="checkbox"/> Loan <input type="checkbox"/> Both | | Existing CIF # | |
| Account Signer #1: | Customer Name: <small>(As on Identification)</small> | | | | |
| Physical Address: | | City, State, Zip: | | | |
| Home Phone #: | | Cell Phone #: | Work Phone #: | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | Social Security #: | | |
| Employer : <small>(If Applicable)</small> | | Occupation: | | | |
| US Citizen: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Active Military? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Primary Email Address: | | Alternate Email Address: | | | |

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|--|---|--|--|---------------|--|
| Signer will be a signer on: | | <input type="checkbox"/> New Account <input type="checkbox"/> Loan <input type="checkbox"/> Both | | Existing CIF# | |
| Account Signer #2: | Customer Name: <small>(As on Identification)</small> | | | | |
| Physical Address: | | City, State, Zip: | | | |
| Home Phone #: | | Cell Phone #: | Work Phone #: | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | Social Security #: | | |
| Employer : <small>(If Applicable)</small> | | Occupation: | | | |
| US Citizen: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Active Military? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Primary Email Address: | | Alternate Email Address: | | | |

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|--|---|--------------------------------------|-------------------------------|-------------------------------|---------------|--|
| Signer will be a signer on: | | <input type="checkbox"/> New Account | <input type="checkbox"/> Loan | <input type="checkbox"/> Both | Existing CIF# | |
| Account Signer #3: | Customer Name: <small>(As on Identification)</small> | | | | | |
| Physical Address: | | | | City, State, Zip: | | |
| Home Phone #: | | Cell Phone #: | | Work Phone #: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of Birth: | Social Security #: | | |
| Employer : <small>(If Applicable)</small> | | | | Occupation: | | |
| US Citizen: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Active Military? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Email Address: | | | | Alternate Email Address: | | |

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|--|---|--------------------------------------|-------------------------------|-------------------------------|----------------|--|
| Signer will be a signer on: | | <input type="checkbox"/> New Account | <input type="checkbox"/> Loan | <input type="checkbox"/> Both | Existing CIF # | |
| Account Signer #4: | Customer Name: <small>(As on Identification)</small> | | | | | |
| Physical Address: | | | | City, State, Zip: | | |
| Home Phone #: | | Cell Phone #: | | Work Phone #: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of Birth: | Social Security #: | | |
| Employer : <small>(If Applicable)</small> | | | | Occupation: | | |
| US Citizen: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Active Military? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Email Address: | | | | Alternate Email Address: | | |

| | | | | | | |
|--|---|--------------------------------------|-------------------------------|-------------------------------|---------------|--|
| Signer will be a signer on: | | <input type="checkbox"/> New Account | <input type="checkbox"/> Loan | <input type="checkbox"/> Both | Existing CIF# | |
| Account Signer #5: | Customer Name: <small>(As on Identification)</small> | | | | | |
| Physical Address: | | | | City, State, Zip: | | |
| Home Phone #: | | Cell Phone #: | | Work Phone #: | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of Birth: | Social Security #: | | |
| Employer : <small>(If Applicable)</small> | | | | Occupation: | | |
| US Citizen: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Active Military? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Email Address: | | | | Alternate Email Address: | | |

* Each signer will need to provide copy of valid state issued identification.

CERTIFICATE OF BENEFICIAL OWNER(S)

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

Name of Natural Person Opening Account:

Title of Natural Person Opening Account:

Provide 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:

| Name (beneficial Owner) | Date of Birth Percent of Ownership | Address | For US Persons: Social Security Number | For Non-US Persons: Social Security Number, Passport Number and Country of issuance, or other similar identification number. |
|--------------------------------|---|---------------------------------------|---|---|
| First Last | Date of Birth Percent of Ownership % | Street City State & Zip | Social Security Number | Number Country of Issuance |
| First Last | Date of Birth Percent of Ownership % | Street City State & Zip | Social Security Number | Number Country of Issuance |
| First Last | Date of Birth Percent of Ownership % | Street City State & Zip | Social Security Number | Number Country of Issuance |
| First Last | Date of Birth Percent of Ownership % | Street City State & Zip | Social Security Number | Number Country of Issuance |

BUSINESS OPERATIONS INFORMATION

What does the business do?

What geographic area does this business operate in? (County, State, Country):

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

Is the business cash-intensive? **If yes, please refer to MSB Section and answer all that apply.*

Yes No

Does the business engage in internet gambling?

Yes No

Is the business marijuana-related? *If yes, please contact the BSA Officer.*

Yes No

Does the business engage with marijuana-related businesses? **If yes, please contact the BSA Officer.*

Yes No

ANTICIPATED ACCOUNT ACTIVITY

Does the business anticipate making cash deposits?

Yes No

Amount:

Frequency:

Does the business anticipate making cash withdrawals?

Yes No

Amount:

Frequency:

Please check services listed & provide an anticipated monthly dollar amount

Domestic Wires

Incoming-\$

Outgoing-\$

International Wires

Incoming-\$

Outgoing-\$

ACH-related services (e.g. PayPal, Venmo, etc.)

Incoming-\$

Outgoing-\$

Mobile Banking

Yes - \$

No

Deposits via RDA (mobile application)

Yes - \$

No

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm this information. The information you provided is protected by our privacy policy and federal law.

