

Bank Use Only	Date: _____
<input type="checkbox"/> Checking Acct. #:	CSR Initials: _____
<input type="checkbox"/> Savings Acct. #:	Branch: _____

Name of Entity or Individual: _____ DBA: _____

Registered under assumed name statute? Yes No

Are you a U.S. Citizen? Yes No

Form of Organization – What is your business type?

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> *Partnership | <input type="checkbox"/> *LLC (Limited Liability Company) | *Beneficial
Owner Form
Required |
| <input type="checkbox"/> Clubs and Civic Organizations | <input type="checkbox"/> Corporation | <input type="checkbox"/> Trust | |

Employer Identification Number: _____

Sole Proprietor (Need Valid ID & Sole Proprietorship Resolution) fictitious name registration – if applicable

Social Security Number (Sole Proprietor or One Person LLC Only): _____

Business Address:

Phone #: _____ Email Address: _____
 Website: _____ Fax #: _____ # of Years in Business: _____

Description of Business: i.e., products, services, clientele, geographic area, etc.

Names of Signers or Authorized Signers on this Account, Title and/or Position (signers will sign on next page)

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Please mark the services you plan to use, their frequency (daily, weekly, etc.) and their average dollar amounts where requested:

- | | | | |
|---|------------------|-----------------------|------------------|
| <input type="checkbox"/> Deposits | Frequency: _____ | Avg. Amount: \$ _____ | % in Cash: _____ |
| <input type="checkbox"/> Cash Withdrawals | Frequency: _____ | Avg. Amount: \$ _____ | |
| <input type="checkbox"/> Check Cashing | Frequency: _____ | Avg. Amount: \$ _____ | |
| <input type="checkbox"/> Wire Transfers | Frequency: _____ | Avg. Amount: \$ _____ | |
| <input type="checkbox"/> Electronic | Frequency: _____ | Avg. Amount: \$ _____ | |
| <input type="checkbox"/> Loans | | | |
| <input type="checkbox"/> Safe Deposit Box | | | |
| <input type="checkbox"/> Other: _____ | | | |

Account Number:

Amount of Opening Deposit: \$ _____ Source of Opening Funds: Check Cash Internal Transfer
 If Internal Transfer, specify account number: _____

Business Model – Check All Models that would Apply:

- Retail Wholesale Storefront Business Home Based Business
 Internet Based Business No product or services provided

BANK USE ONLY (* = Required)

- | | | |
|--|---|--|
| <input type="checkbox"/> ID According to CIP Requirements * | <input type="checkbox"/> Check Order | <input type="checkbox"/> Cash Management |
| <input type="checkbox"/> Debit / ATM Card | <input type="checkbox"/> Loan Officer Intro | <input type="checkbox"/> OFAC |
| <input type="checkbox"/> Electronic Banking Services Info | <input type="checkbox"/> Safe Deposit Box # | <input type="checkbox"/> Disclosures |
| <input type="checkbox"/> Merchant Services (BancCard) | <input type="checkbox"/> US Info Search | <input type="checkbox"/> Bazing * |
| <input type="checkbox"/> BN Control New Acct. Bus. Worksheet (if applicable) | <input type="checkbox"/> Beneficial Ownership Certification * | <input type="checkbox"/> Other: _____ |

Will you be cashing checks for people? Yes No
If you cash checks, will they be greater than \$1,000? Yes No

Will you perform wire transfer services? Yes No

Will you sell money orders? Yes No

Will you conduct internet gambling transactions? Yes No

Is the business a payday lender? Yes No

Are you a redeemer of Travelers checks? Yes No

Are you a redeemer of Money Orders? Yes No

Do you provide check – cashing services? Yes No

Do you provide currency exchange services? Yes No

If yes to any of these services, do you expect the combination Yes No

of these services aggregated to be \$1,000 or more per customer per day? Yes No

Do you provide deferred presentment services (advancing cash for a postdated check)? Yes No

Do you provide other financial services, such as title loans or cash advances? Yes No

Do you pay your employees in cash or cash their paychecks? Yes No

Will you operate a privately owned ATM? Yes No

Entity Name: _____	Entity Address: _____ _____
---------------------------	--

If yes, what is the name and address of the ATM sponsor (i.e. Bank whose name is on the ATM)?

How do you replenish the currency in your ATM and where do you obtain funds? Yes N/A

Explain: _____

Are you an issuer of Money Orders? Yes No

Are you an issuer of Traveler's Checks? Yes No

Are you an issuer of Stored Value Cards / Pre-Paid Cards? Yes No

*If yes, are any of these provided as an agent for another entity (i.e. American Express, etc.)

Entity Name: _____	Entity Address: _____ _____
---------------------------	--

If yes to either, have these services ever aggregated to \$1,000 or more per customer day? Yes No

Do you provide money transmission services? Yes No

If yes, are these services provided as an agent for another entity (i.e. Western Union)? Yes No

Do you sell lottery tickets? Yes No

If yes, what percentage of the business income is from lottery tickets sales? %

If you are considered an MSB, have you registered with FinCEN? (If so, provide copy of registration) Yes No

Will you have Hemp related product sales? Yes No

If yes, explain product being sold:

