

COMMERCIAL ACCOUNT APPLICATION

ACCOUNT TYPE, OTHER SERVICES AND OWNERSHIP			
Account Type / Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ownership / Entity	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> LLP (Ltd Liab Partnership)
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC (Ltd Liability Company)	<input type="checkbox"/> Non-profit Corporation
<input type="checkbox"/> IOLTA	<input type="checkbox"/> Government / Public	<input type="checkbox"/> Trust / Estate	<input type="checkbox"/> Joint Venture
		<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Professional Associatn (PA)
			<input type="checkbox"/> Other

BUSINESS / ORGANIZATION INFORMATION *			
		<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer
			Cust Number: _____
Legal Name		Taxpayer ID Number	Organization Date
DBA Name(s)			
Description of Business, Nature of Operations or Activities			
Street Address (No Post Office Boxes)		City	State
			Zip
Mailing Address (If Different from Street Address)		City	State
			Zip
Telephone (Primary)	Telephone (Alternate)	Website Address	Email Address

OWNER / PRINCIPAL / REPRESENTATIVE *			
			Cust Number: _____
Last Name	First Name, MI	Social Security Number	Date of Birth
Street Address (Residence, No Post Office Boxes)		City	State
			Zip
Email Address	Telephone	Telephone (Work)	Telephone (Mobile)
Relationship to Business (Owner, officer, etc.)	Occupation / Profession	Employer (if other than the business above)	
Owner / Principal / Representative ID Security Question		ID Security Answer	Place of Birth

CERTIFICATION The undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application and to obtain third-party reports on the applicant(s) at any time. Untrue statements or misrepresentations may result in the termination of this account.	
Business Owner / Principal / Representative Signature	Date
X	

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight funding of terrorism and money laundering activities, federal law requires that financial institutions obtain, verify, and record information identifying each person opening an account. When an account is opened by a new customer, we will request name, street address, date of birth and other information which will allow us to identify such customer. For customers which are legal entities, we will request appropriate documents establishing status, account authorization, etc. We may also require presentation of a driver's license, passport or other identifying documents for individuals opening accounts for themselves or on behalf of an organization or legal entity.

ACCOUNT PURPOSE AND ANTICIPATED TRANSACTION TYPES

1. Anticipated use(s) of this account: Commercial / Business Investments Other (describe)
2. Is this account to be opened by an individual acting as a trustee, agent or representative for another person or organization?... Yes No
3. Will funds be **wire transferred** to or from this account from or to other financial institutions on a regular basis? Yes No
4. Will currency in amounts of \$5,000 or more in one day be **deposited** or **withdrawn** on a regular basis?..... Yes No
5. Will funds be transferred by **ACH** into or from this account on a regular basis?..... Yes No
6. Will this account be used to receive or make payments related to an e-commerce **internet website**?..... Yes No
7. Does the business offer check cashing, funds transfers, money orders, travelers checks or stored value cards?..... Yes No
8. Is this account for a company or operation which is part of a group of affiliated enterprises or activities?..... Yes No
9. Number of owners, shareholders or partners: _____ Number of owners with 20% or more control: _____

ACCOUNT CONTROL OPTIONS

1. Will multiple signatures be required for disbursements from this account?..... Yes No
2. If multiple signatures, number of signatures: _____ dollar threshold \$ _____
3. Will facsimile signatures (check-signing machine, program or stamp) be used for checks on this account? Yes No

Referred by	Prior / Existing Financial Institution Relationship(s)
-------------	--

TO OPEN A NEW DEPOSIT ACCOUNT, you must provide a taxpayer identification or other identifying number and the appropriate entity identification documents listed below. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements.

- | | |
|--|---|
| <p>1. Sole Proprietorship: Assumed Name Certificate, if applicable; any applicable State-issued business license(s).</p> <p>2. Corporation (including Non-profit corporations): Certificate / Articles of Incorporation; Corporate Resolution; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable.</p> <p>3. Limited Liability Corporation (LLC): Certificate of Organization; Resolutions; excerpt from Articles of Organization documenting appointment of manager, member or officer responsible for business matters; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable.</p> <p>4. Partnership: Partnership Agreement; Partnership Resolutions; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable.</p> | <p>5. Limited Liability Partnership (LLP): Certificate of Organization; Resolutions; Partnership Agreement documenting appointment of partners or managing partner responsible for business matters; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable.</p> <p>6. Association: Resolutions; Charter, Bylaws, constitution or meeting minutes; IRS Determination Letter (documenting non-profit status, if applicable).</p> <p>7. Trust: Trust Certification; and excerpts from trust documents with name of trust, name of trustee and successor trustee and signatures of parties who executed the trust document.</p> <p>8. Estate: Letters of Administration, Letters Testamentary or comparable documents.</p> |
|--|---|

FOR BANK USE

Account Number		Account Product		Initial Deposit Amount		Initial Deposit Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	
ATM Limit	CheckCard Limit	OD Protection Limit	Credit Report Date	DAV Report By	Deposit Acct Verification Report Decision <input type="checkbox"/> Accept <input type="checkbox"/> Decline <input type="checkbox"/> Investigate		
Opened By	Reviewed By	Branch	Officer	Credit or Deposit Acct Verification (DAV) Report Notes			

Other Notes, Comments

Organization / Identification Documents Provided

CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)					
-----------------	----------	---	--	--	--	--	--

OFAC / Gvt List	List Date	BSA / AML / OFAC Risk Designation	PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes		
-----------------	-----------	-----------------------------------	--	-------	--	--

Owner / Rep ID Type *	ID Number	Issued By	Issue Place	ID Issue Date	ID Expiration Date
-----------------------	-----------	-----------	-------------	---------------	--------------------

CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)				
-----------------	----------	---	--	--	--	--

OFAC / Gvt List	List Date	BSA / AML / OFAC Risk Designation	PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes		
-----------------	-----------	-----------------------------------	--	-------	--	--

* Grayed / colored cells are for bank use.

Customer ID verification is encouraged but optional under Bank policy for representatives, authorized signers or others who are not owners, partners or principals of the business or organization.

OWNER / PRINCIPAL / REPRESENTATIVE / AUTHORIZED SIGNER							Cust Number:	
Last Name			First Name, MI			Social Security Number		Date of Birth
Street Address (Residence, No Post Office Boxes)				City		State	Zip	
Telephone		Telephone (Work)	Ext	Email Address		Employer (if other than account owner)		
Relationship to Business (Owner, officer, representative, signer, etc.)				Occupation / Profession				
Identification Type *	ID Number		Issued By		Issue Place	ID Issue Date	ID Expiration Date	
OFAC / Gvt List	CIP Verified By	CIP Date	Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)					
ID Security Question				ID Security Answer			Place of Birth	

OWNER / PRINCIPAL / REPRESENTATIVE / AUTHORIZED SIGNER							Cust Number:	
Last Name			First Name, MI			Social Security Number		Date of Birth
Street Address (Residence, No Post Office Boxes)				City		State	Zip	
Telephone		Telephone (Work)	Ext	Email Address		Employer (if other than account owner)		
Relationship to Business (Owner, officer, representative, signer, etc.)				Occupation / Profession				
Identification Type *	ID Number		Issued By		Issue Place	ID Issue Date	ID Expiration Date	
OFAC / Gvt List	CIP Verified By	CIP Date	Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)					
ID Security Question				ID Security Answer			Place of Birth	

OWNER / PRINCIPAL / REPRESENTATIVE / AUTHORIZED SIGNER							Cust Number:	
Last Name			First Name, MI			Social Security Number		Date of Birth
Street Address (Residence, No Post Office Boxes)				City		State	Zip	
Telephone		Telephone (Work)	Ext	Email Address		Employer (if other than account owner)		
Relationship to Business (Owner, officer, representative, signer, etc.)				Occupation / Profession				
Identification Type *	ID Number		Issued By		Issue Place	ID Issue Date	ID Expiration Date	
OFAC / Gvt List	CIP Verified By	CIP Date	Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)					
ID Security Question				ID Security Answer			Place of Birth	

* Grayed / colored cells are for bank use.

Applicant(s)	Application Date
--------------	------------------

Comments, Notes

PRIVACY In the normal course of business, the Bank collects nonpublic personal information about deposit and loan customers. This includes the following:

- 🔒 Information on account application forms and correspondence (name, address, social security number, income, etc.),
- 🔒 Information about transactions by customers with the Bank or with other unaffiliated parties (account balances, payment histories, ATM card usage, etc.), and
- 🔒 Information from a consumer reporting agency (credit history or creditworthiness, etc.)

The Bank provides information about customers to affiliate(s) or to unaffiliated third parties only when necessary to establish, administer or provide a product or service to such customers. When permitted or required by law, the Bank provides personal information to third parties, such as government entities, law enforcement agencies or consumer reporting agencies. The Bank will not disclose or sell personal information about customers to companies which perform marketing services. The Bank utilizes physical, electronic, and procedural security measures which comply with federal regulations to safeguard the nonpublic personal information of current and former customers. The Bank restricts access to personal information about customers to those Bank employees or agents who need to know such information in order to provide banking products or services. The Bank's employees have been trained on privacy laws and information security. The Bank has implemented disciplinary procedures for any employee who violates its privacy policies and procedures. Bank personnel strive to maintain complete and accurate information about customers and their relationships with the Bank. Customers with questions regarding the Bank's policies or records should notify our Customer Service Department.



CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify, and record information which identifies each person who opens an account. When an account is opened by a new customer, we will request name, address, date of birth and other information which will allow us to identify such customer. We may also require presentation of a driver's license, passport or other identifying documents.



IDENTITY THEFT AND FRAUD PREVENTION The Bank has implemented policies, procedures and controls to ensure that, whenever possible, identity theft or fraud are prevented or detected promptly. If you initiate inquiries about, or changes to, your accounts, you will be required to confirm your identity by showing a government-issued picture ID or by providing answers to security questions created by you or by the Bank. If you suspect identity theft or other fraudulent activity, report it to the Bank as soon as possible. Please help us protect you by following the guidelines below.

1. Review all bank account statements promptly and reconcile them to your records. Check all credit card and loan account statements carefully, too.
2. Carry your social security card with you only when necessary. You seldom need it except in dealings with a government agency, an employer, an investment broker or a financial institution. Memorize and safeguard your social security number. Provide it to others only when truly necessary.
3. Do not put receipts, statements or correspondence with your account numbers, social security number or other sensitive personal information in trash or recycling bins – shred them.
4. If you must mail materials with your account numbers, social security number or other personal data, use a secured mailbox or go to a post office. Mail is often stolen to get such information.
5. Investigate any bill, statement, notice or other mail that refers to credit card, deposit, loan or other accounts in your name which you do not recognize. Do not ignore them; notify the issuer promptly to clear up any confusion and avoid fraud losses.
6. Never provide your account numbers, social security number or other sensitive personal information over the phone or on the internet unless you can confirm the identity of the party who will receive it and verify that the need for such information is legitimate. Be very skeptical about requests for social security or account numbers.
7. Obtain a **FREE** copy of your credit report each year from each of the major consumer credit reporting agencies (your right, by law). Review the reports closely to make sure no one has opened a fraudulent account in your name. Check to see who is requesting your credit history. Verify that there is no incorrect information in your credit history. Call 1-877-322-8228 or visit www.AnnualCreditReport.com.