



Business Profile Worksheet (Please complete all areas)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I. GENERAL BUSINESS INFORMATION		
Legal Business or Entity Name	Tax ID	State of Incorporation/Organization Entity Type Corporation (C Corp S Corp) Non-Profit Sole Proprietor/DBA Limited Liability Company (C Corp S Corp Partnership) General Partnership Limited Partnership Other
Doing Business As/Fictitious Name	Business Phone Number	
Domestic Entity Foreign Entity (BSA Approval Required) Country		
Physical Address (No PO Boxes) Street, City, State, Zip		
Mailing Address (Same as above)		
Business Email Address	Web Site (write N/A if no business website)	
Nature of Business (Please be specific)		
Types of Goods or Services Sold/Provided (Please be specific)		
Number of Years in Business	Number of Locations	Number of Employees

II. ADDITIONAL BUSINESS INFORMATION

Monthly Business Activity for Main Operating Account - Deposit Accounts Only

	Number	Dollars		Number	Dollars
Cash Deposits			Cash Withdrawals		
Checks Deposited			Checks Written		
ACH Credits (Domestic)			ACH Debits (Domestic)		
ACH Credits (International) *			ACH Debits (International) *		
Money Orders Deposited			Money Orders Purchased		
Incoming Wires (Domestic)			Cashiers Checks Purchased		
Incoming Wires (International) *			Outgoing Wires (Domestic)		
			Outgoing Wires (International) *		

*If conducting international wire or ACH transactions, please list countries sending to or receiving from:

Are you a Money Services Business (MSB) or provide MSB type services such as check cashing, money transmission, money order/travelers cheques/stored value card sales?	Yes	No
Does your business own or operate ATM machines?	Yes	No
Does your business engage in the business of Internet gambling?	Yes	No
Does your business engage in the use of virtual (bitcoin, digital) currency?	Yes	No
Does your business engage directly or indirectly in the marijuana or hemp industry? <small>(sales, storage, landlord, rental properties, growing, distribution, investment, payment processing, etc.)</small>	Yes	No

Definitions:

Authorized Signer - Individual authorized to sign or transact business on this account. Provide information on page 2.

Beneficial Owner - An individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interest of the legal entity listed above.

If no individual meets this definition, please check the not applicable (N/A) option. Otherwise, provide beneficial ownership information on page 2.

N/A - There are no individuals that hold 25% or more equity interest in the legal entity listed above.

Controlling Party - 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. Provide controlling party information on page 2.



III. INDIVIDUAL INFORMATION & AUTHORITIES									
Authorized Signer		Beneficial Owner %			Controlling Party			Loan Guarantor	
Name as it appears on identification (First, Middle, Last) <small>Existing Customer - (Complete Name Only)</small>			Social Security Number		Date of Birth		Employer: Occupation:		
Physical Street Address (No PO Boxes)		Apt/Unit	City		State	Zip Code	Email Address:		
Cell Phone Number	Work Phone Number	Title		US Citizen	Resident Alien	Non-Resident Alien (W-8 BEN Needed)			
Identification Type					Country of Residence/Citizenship				
DL	State ID	Passport	Birth Certificate (Minors Only)		Is this individual a Politically Exposed Person (PEP)? OR is an immediate family member, or close associate to a Senior Foreign Political Figure? <small>No Yes</small>				
Identification Number		Issued By	ID Issue Date	ID Expiration Date	OFAC Checked By:				

Authorized Signer		Beneficial Owner %			Controlling Party			Loan Guarantor	
Name as it appears on identification (First, Middle, Last) <small>Existing Customer - (Complete Name Only)</small>			Social Security Number		Date of Birth		Employer: Occupation:		
Physical Street Address (No PO Boxes)		Apt/Unit	City		State	Zip Code	Email Address:		
Cell Phone Number	Work Phone Number	Title		US Citizen	Resident Alien	Non-Resident Alien (W-8 BEN Needed)			
Identification Type					Country of Residence/Citizenship				
DL	State ID	Passport	Birth Certificate (Minors Only)		Is this individual a Politically Exposed Person (PEP)? OR is an immediate family member, or close associate to a Senior Foreign Political Figure? <small>No Yes</small>				
Identification Number		Issued By	ID Issue Date	ID Expiration Date	OFAC Checked By:				

Authorized Signer		Beneficial Owner %			Controlling Party			Loan Guarantor	
Name as it appears on identification (First, Middle, Last) <small>Existing Customer - (Complete Name Only)</small>			Social Security Number		Date of Birth		Employer: Occupation:		
Physical Street Address (No PO Boxes)		Apt/Unit	City		State	Zip Code	Email Address:		
Cell Phone Number	Work Phone Number	Title		US Citizen	Resident Alien	Non-Resident Alien (W-8 BEN Needed)			
Identification Type					Country of Residence/Citizenship				
DL	State ID	Passport	Birth Certificate (Minors Only)		Is this individual a Politically Exposed Person (PEP)? OR is an immediate family member, or close associate to a Senior Foreign Political Figure? <small>No Yes</small>				
Identification Number		Issued By	ID Issue Date	ID Expiration Date	OFAC Checked By:				

Authorized Signer		Beneficial Owner %			Controlling Party			Loan Guarantor	
Name as it appears on identification (First, Middle, Last) <small>Existing Customer - (Complete Name Only)</small>			Social Security Number		Date of Birth		Employer: Occupation:		
Physical Street Address (No PO Boxes)		Apt/Unit	City		State	Zip Code	Email Address:		
Cell Phone Number	Work Phone Number	Title		US Citizen	Resident Alien	Non-Resident Alien (W-8 BEN Needed)			
Identification Type					Country of Residence/Citizenship				
DL	State ID	Passport	Birth Certificate (Minors Only)		Is this individual a Politically Exposed Person (PEP)? OR is an immediate family member, or close associate to a Senior Foreign Political Figure? <small>No Yes</small>				
Identification Number		Issued By	ID Issue Date	ID Expiration Date	OFAC Checked By:				

I certify that all the information, statements and representations on or attached to this worksheet are true and accurate. Additionally, if changes are made in any of the authorities as outlined above, I agree to notify the bank of these changes.

Signature: _____ Date: _____

Bank Personnel: _____ Date: _____

I would like to be contacted about the following additional services:

On-Line Banking Access	Remote Deposit	Merchant Services	Positive Pay
Debit Card	Mobile Deposit	ACH	Sweeps
Checks	Wires	Credit Card/P Card	Lock Box

Documents to include with this worksheet:

Legible copy of identification for all authorized signers and beneficial owners from section III.

EIN Verification - Please include one of the following:

SS-4 Letter from the IRS

First page of Business Tax Return showing the full EIN number

Corporation/Non-Profit

- Articles of Incorporation
- Bylaws
- State Certificate of Good Standing
- 501(c)(3) IRS Letter (Non-Profit)

Limited Liability Company

- Articles of Organization
- Operating Agreement
- State Certificate of Good Standing

Unincorporated Association or Organization

Minutes of Association/Organization Meeting Authorizing Signers

Sole Proprietor/DBA

Trade Name Registration/Fictitious Business Name Filing

Partnership

Partnership Agreement

Estate

Letters of Testamentary

Trust

Trust Agreement/Certificate - Additional documentation may be requested

PDPA - Public Funds

PDPA # _____

Bank Use Only Business Verified on: Sec of State Docs ChexSystems OFAC
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