

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 customer who opens an account. 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, such as your driver's license or other identifying documents and make a copy for our records. We will ask to see other identifying documents pertaining to your business, trust, estate or other entity. (CIP applies to all new accounts including businesses, individuals, trusts and estates. This is also applicable for the signers on any of these accounts.)

Check One:	New Customer	Existing Customer	Exempt
Date:		Account Password:	
Business Name:			
Physical Street A	Address:		
City State Zip:			
Mailing Address:	If different from Physical Address		
	lifferent from Physical Address		
Business Type:	Association/Organization Money Service Business Trust/Estate	Corporation Partnership Other:	
Principal Busines	ss Activity: REQUIRED – Be Speci	fic	NAICS Code:
Do you sell CBD	products: Yes No		

If yes, are you involved in the growing, production or manufacturing of CBD products: Yes No

Documentation Requirements – Bank Use Only

Document Type	Received	Pending
Articles of Incorporation		
Articles of Organization		
Partnership Agreement		
Trust Agreements		
Copy of EIN Application		
Business License		
Resolution of Authority		
Personal Information Sheets		
Copies of Driver's Licenses and Social Security Cards		

Verification – Bank Use Only

Verification Type	Yes	No
ChexSystems/Qualifile		
OFAC		
Secretary of State Certificate of Good Standing		



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

a. Name and Title of Person Opening Account:

b.	Legal Entity Name,	Type, and Address	for Which the Account is Being Opened:	
----	--------------------	-------------------	--	--

 Name:
 Type:

 Address:

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 interest of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip this section.

Beneficial Owner Not Applicable

For Non-U.S. Persons provide a Passport Number and Country of Issuance. In lieu of a passport, Non-U.S. Persons may also provide a Social Security Number, an U.S. government-issued Alien ID or number and country of issuance of other government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Beneficial Owner Information

1.	Name:	Copy of Id Obtained
	SSN: Foreign ID:	Date of Birth:
	Address: Residential or Business Street, City, State and Zip Code	
	Percent of Ownership in Business: Business Title/Occupation: _	
2.	Name:	Copy of Id Obtained
	SSN: Foreign ID:	_ Date of Birth:
	Address: Residential or Business Street, City, State and Zip Code	
	Percent of Ownership in Business: Business Title/Occupation: _	
3.	Name:	Copy of Id Obtained
	SSN: Foreign ID:	_ Date of Birth:
	Address: Residential or Business Street, City, State and Zip Code	
	Percent of Ownership in Business: Business Title/Occupation: _	



Beneficial Owner Information - Continued

4.	Name:			Copy of Id Obtained
	SSN:	Foreign ID:	Date of	Birth:
	Address	:		
		Residential or Business Street, City, State and Zip Code		
	Percent	of Ownership in Business: Bus	siness Title/Occupation:	
d.	above, s •	owing information for one individual with sign such as: An executive officer or senior manager (e.g., Operating Officer, Managing Member, Gener Any other individual who regularly performs s	Chief Executive Officer, Chief Fin al Partner, President, Vice Presid	ancial Officer, Chief
(lf	appropria	tte, an individual listed under section (c) abo	ve may also be listed in this section	on (d)).
Pe co	ersons ma untry of is	S. Persons provide a Passport Number and by also provide a Social Security Number, and ssuance of other government-issued docume or similar safeguard.	U.S. government-issued Alien ID	or number and
Сс	ontrol Per	rson Information		
Na	ame:			Copy of Id Obtained
SS	SN:	Foreign ID:	Date of	Birth:
Ad	ldress:	usiness Street, City, State and Zip Code		
Pe	ercent of C	Ownership in Business: Busines	s Title/Occupation:	
Ce	ertified/A	greed To		
Ι, _		son opening account (Print Name)		, hereby certify, to
	Name of pers	son opening account (Print Name)		
the	e best of r	ny knowledge, that the information provided	above is complete and correct.	
Sig	gnature:			Date:
Pc	ort:	Initials:	Date:	
RS	NB Business	Information Form Page 3		03/29/2023