

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 |