

Please provide the following information. This information is required to comply with Section 326 of the USA PATRIOT Act.

### CUSTOMER INFORMATION

**Type of Entity** - Please check one of the following:

|  |  |
|--|--|
| <input type="checkbox"/> Corporation (For Profit)        | <input type="checkbox"/> Sole Proprietorship                           |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Association (unincorporated)                  |
| <input type="checkbox"/> Limited Partnership (LP/LLP)    | <input type="checkbox"/> Government Entity                             |
| <input type="checkbox"/> General Partnership             | <input type="checkbox"/> Publically Traded Company                     |
| <input type="checkbox"/> Joint Venture                   | <input type="checkbox"/> Company Registered with the SEC               |
| <input type="checkbox"/> Business Trust                  | <input type="checkbox"/> Personal Trust                                |
| <input type="checkbox"/> Charities/Non-Profits           | <input type="checkbox"/> Financial Institution or Bank Holding Company |

*Certification of Beneficial Owner(s) required for any entity type marked above.*

*No Certification of Beneficial Owner(s) required for any entity type marked above.*

**Business/Entity Name** (exactly as it appears on State filed documentation, if applicable)

**EIN/SSN**

**Physical Address**

**City** **State** **Zip**

Mailing Address ☐ Same as above **City** **State** **Zip**

**Business Phone** **Cell Phone(s)**

**Email Address** **Website Address (if applicable)**

**Citizenship (if applicable):** ☐ US Citizen ☐ Resident Alien **Non-Resident Alien:** ☐ Temporary ☐ Permanent

**Nature of Business**

**Please indicate the type of account(s) you are applying for:** (mark all that apply)

☐ Checking ☐ Savings ☐ Certificate of Deposit ☐ Safe Deposit Box

**Amount of Opening Deposit** **Source of Funds**  
\$ ☐ Cash ☐ Check ☐ Internal Transfer from account #

### EXPECTED ACCOUNT ACTIVITY INFORMATION

What is the anticipated average balance normally to be maintained per month? \$ \_\_\_\_\_

How many transactions are anticipated per month? ☐ 0-100 ☐ 101-200 ☐ 200+

What is the anticipated average monthly amount of cash deposits? ☐ 0-\$2500 ☐ \$2501-\$5000 ☐ \$5000+

What is the anticipated average monthly amount of cash withdrawals? ☐ 0-\$2500 ☐ \$2501-\$5000 ☐ \$5000+

Will there be automatic deposits (ACH)? ☐ Yes ☐ No How many are anticipated each month? \_\_\_\_\_

Will there be automatic withdrawals (ACH)? ☐ Yes ☐ No How many are anticipated each month? \_\_\_\_\_

Will there be wire transfers? ☐ Yes ☐ No If yes: ☐ Domestic ☐ International

If International, list expected countries: \_\_\_\_\_

If yes to any of the following MSB questions, must have Management approval before opening the account.

Will the business provide money transmitting services (MoneyGram, Western Union, etc.)? ☐ Yes ☐ No

Will the business cash checks for others? ☐ Yes ☐ No If yes, what is the dollar limit per customer? \$ \_\_\_\_\_

Does the business own an ATM? ☐ Yes ☐ No If yes, what is the dollar limit per customer (if any)? \$ \_\_\_\_\_

How is the ATM stocked/settled? \_\_\_\_\_

Will the business sell stored value cards, money orders, or traveler's checks? ☐ Yes ☐ No

If yes, what is the dollar limit per customer? \$ \_\_\_\_\_

☐ Customer did not wish to provide expected activity information. (Risk Rating should be higher as a consequence.)

**MARIJUANA OR MARIJUANA-RELATED BUSINESS INFORMATION**Are you a producer, processor or retailer of marijuana? Yes ☐ No ☐ (IF YES, ACCOUNT WILL NOT BE OPENED.)Is this business a marijuana-related business? Yes ☐ No ☐ (IF YES, CONTINUE BELOW.)

Type of Business (Example insurance company, landlord, security systems, etc.)

Approximate Annual Revenue

\$

What percentage of your business is directly tied to marijuana business?

%

What process do you have in place to make sure the marijuana business is licensed?

**CERTIFICATION REGARDING INTERNET GAMBLING**

As an officer or owner of the above referenced entity, I acknowledge that First Pioneer National Bank is required by the Unlawful Internet Gambling Enforcement Act of 2006 and its implementing regulations to perform due diligence in assuring that its commercial customers' accounts do not receive deposits from illegal internet gambling.

Under penalties of perjury, I hereby state that the accounts in any variation of this name or any "doing business as" name attached to this entity are not used in connection with internet gambling of any kind. Further, I agree to notify First Pioneer National Bank in writing immediately if any of the accounts are used in connection with such activities in the future.

**SIGNATURE**

I certify the information provided in this application is true and correct. I authorize First Pioneer National Bank to check credit and/or employment history should it be deemed necessary.

Signature

Date

Print Name

Title

**\*\*\*\*\*BANK USE ONLY\*\*\*\*\***

Branch

Account Number(s)

Employee

**IMPORTANT** - Information listed below must be exactly as indicated on the document, and documents must accompany this sheet.

| Document   | Date of Document | State Issued | Notations/Comments |
|--|------------------|--------------|--------------------|
| Organization Documentation   |                  |              |                    |
| (Certificate of Incorporation/LLC-LLP Agreement/Operating Agreement, etc.) |                  |              |                    |
| Certificate of Good Standing   |                  |              |                    |
| Trade Name Certification   |                  |              |                    |
| Resolution / Minutes   |                  |              |                    |
| Trust Certification  |                  |              |                    |
| Driver's License (Sole Proprietor only)                                    |                  |              |                    |
| Other (credit report, tax returns, etc.)                                   |                  |              |                    |

**OFAC Match?**☐ Yes☐ No

If yes, refer to OFAC Procedures and attach documentation.

**Passed ChexSystems?**☐ Yes☐ No

If yes, attach documentation. If no, requires Management approval.