

**TRUSTBANK™**  
**BUSINESS ACCOUNTS INFORMATION**

The following information will be requested at the time of opening an account:

1. A completed Business Accounts Information Form. (Form is a part of this document. Scroll down to electronically enter data.)
2. Organizational Documents. Please bring a copy of the legal entity's organizational papers such as a certified articles of incorporation, partnership agreement, or trust agreement.

**NOTICE**

**CUSTOMER IDENTIFICATION PROGRAM**

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, TrustBank™ will ask 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.

# TRUSTBANK™

## BUSINESS and NONPERSONAL ACCOUNTS INFORMATION

(For data entry, use the tab key to conveniently move to data entry fields.)

Business Name: \_\_\_\_\_

Physical (Street) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EIN: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Code: \_\_\_\_\_

Type/Nature of Business: \_\_\_\_\_

### Legal Relationship:

- |                                                    |                                              |                                                |
|----------------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Nonprofit Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Trust               | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Partnership               | <input type="checkbox"/> Estate              |                                                |

The information I have provided is correct to the best of my knowledge. I authorize TrustBank™ to check my credit and/or employment history should it deem necessary.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of account owner or authorized signer)

***Federal regulation requires that the Bank have on file verification of a customer's identification.***

### BANK USE ONLY:

<b>Documentation Verification:</b>	<b>Money Service Business Questions:</b>	<b>Activity Assessment: (Monthly)</b>
<input type="checkbox"/> Articles of Incorporation	Does the customer cash checks? _____	Estimated cash deposits: _____
<input type="checkbox"/> Articles of Organization	Engage in transmitting money? _____	Numbers of Deposits: _____
<input type="checkbox"/> Certificate of Good Standing	Engage in exchanging money? _____	Incoming wire transfers _____
<input type="checkbox"/> Government-issued Business License	Sell money orders or stored value card? _____	Outgoing wire transfers _____
<input type="checkbox"/> Partnership Agreement	Registered as an MSB? _____	<input type="checkbox"/> Domestic <input type="checkbox"/> International
<input type="checkbox"/> Trust Agreement	Engage in any form of internet gambling? _____	If yes, please provide documentation of license.
<input type="checkbox"/> Other (Please List Below): _____	Do you have a proprietary ATM? _____	Customer Risk Rating: _____

Non-Documentary Verification: \_\_\_\_\_

List Discrepancies and How Resolved: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ OFAC List: \_\_\_\_\_