

# BUSINESS AND NON-PROFIT ORGANIZATION BANKING

## NEW ACCOUNT APPLICATION

### NEW ACCOUNT DOCUMENTS

We'll need a few things from you before we can open your account. Some documents are required for all accounts, and other items are account specific. So to help make this step a little easier, we've made the following list:

#### **NEEDED FOR ALL ACCOUNTS:**

- Certificate of Good Standing/Active Status registration from the Secretary of State
- Tax ID #

If physical address of business or non-profit organization is less than three (3) months, provide a copy of one (1) of the following:

- Utility bill
- Insurance bill
- Complete lease agreement
- Property tax statement

#### **NEEDED FOR SPECIFIC ACCOUNTS:**

*Provide all that apply*

##### Corporation

- Articles of Incorporation

##### Limited Liability Company (LLC)

- Operating Agreement and/or Articles of Organization

##### Partnership (General, Limited, or Limited Liability Partnership (LLP))

- Partnership Agreement (*Optional*)

##### Sole Proprietorship (DBA)

- Fictitious Name Registration (*Missouri only*)

##### Non-profit Organization

- Copy of most recent meeting minutes reflecting authorized officers (*Optional*)
- Form 501(c)(3) (*Optional*)

##### Business other

- Origination documentation filed with federal, state or local government

Date: \_\_\_\_\_

Branch: \_\_\_\_\_

Sales Officer/BDO: \_\_\_\_\_

RSM/Account Officer: \_\_\_\_\_



**PEOPLES**  
**NATIONAL BANK**  
Member FDIC

## TELL US ABOUT THE BUSINESS OR NON-PROFIT ORGANIZATION

To meet government requirements for opening an account, please confirm if the business is organized or registered in the U.S.?

- Yes If yes, provide the state or territory where the business is registered:  
 No If no, we cannot open the account.

### Type of Business

Name of Business or Organization

(If applicable) Doing Business as (DBA) Name

Note: Business street address must be the physical location of the business and cannot be a P.O. Box.

Business Street Address (No P.O. Boxes)

City \_\_\_\_\_ State \_\_\_\_\_ Country USA ZIP \_\_\_\_\_

Business Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Country USA ZIP \_\_\_\_\_

U.S. Tax Identification Number \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Email \_\_\_\_\_

Industry Type \_\_\_\_\_ Or NAICS Code \_\_\_\_\_

## TELL US ABOUT THE BUSINESS ACTIVITY

This business provides money services to customers (check cashing, money orders, traveler's checks, foreign exchange, prepaid cards, transmitting money in any form, wiring funds as a courtesy or for a fee, or other money services)? No Yes If yes, complete the *MSB Questionnaire*

Does the business or the Tenant(s) of the business have any source of income related to the following industries: casino, gambling or gaming, marijuana related businesses/dispensaries, virtual currency Operator, Embassy or Consulates, Third Party Payment Processor? No Yes If yes, we cannot open the account.

Does the business offer gaming on premises? No Yes

If this business is involved in real estate investment, is the business involved with any property off-shore?

No  Yes

Will this account send or receive domestic wires? No Yes - # Incoming # Outgoing

Will this account send or receive foreign wires? No Yes - # Incoming # Outgoing

Average Deposit \$ # of Deposits Anticipated per Month

Monthly Cash Deposit \$ Checks Written #

What is the purpose of this account?

If the total initial deposit is \$500,000 or greater, what is the source of the initial deposit?

What is the source of future business deposits?

Annual Sales

Net Worth

**TELL US ABOUT THE AUTHORIZED SIGNER(S)**

*(Complete an Authorized Signer Section for Each Signer on the Account)*

**1) AUTHORIZED SIGNER**

Title:  President  Vice President  Partner  Treasurer  Member  Other: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

*ADDRESS INFORMATION*

Residential address (No P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country **USA** ZIP \_\_\_\_\_

*PERSONAL INFORMATION*

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID/DL Number \_\_\_\_\_ Issuing State/Entity \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employment Status: *If Employed* Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*CITIZENSHIP INFORMATION* I am a  
*Used for call in verification in call center*

PASSWORD/CLUE \_\_\_\_\_ Password \_\_\_\_\_

**2) AUTHORIZED SIGNER**

Title:  President  Vice President  Partner  Treasurer  Member  Other: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

*ADDRESS INFORMATION*

Residential address (No P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country **USA** ZIP \_\_\_\_\_

*PERSONAL INFORMATION*

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID/DL Number \_\_\_\_\_ Issuing State/Entity \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employment Status: *If Employed* Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*CITIZENSHIP INFORMATION* I am a  
*Used for call in verification in call center*

PASSWORD/CLUE \_\_\_\_\_ Password \_\_\_\_\_

**3) AUTHORIZED SIGNER**

Title:  President  Vice President  Partner  Treasurer  Member  Other: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

*ADDRESS INFORMATION*

Residential address (No P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country **USA** ZIP \_\_\_\_\_

*PERSONAL INFORMATION*

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID/DL Number \_\_\_\_\_ Issuing State/Entity \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employment Status: *If Employed* Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*CITIZENSHIP INFORMATION* I am a  
*Used for call in verification in call center*

PASSWORD/CLUE Password \_\_\_\_\_

**4) AUTHORIZED SIGNER**

Title:  President  Vice President  Partner  Treasurer  Member  Other: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

*ADDRESS INFORMATION*

Residential address (No P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country **USA** ZIP \_\_\_\_\_

*PERSONAL INFORMATION*

Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

ID/DL Number \_\_\_\_\_ Issuing State/Entity \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Employment Status: *If Employed* Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*CITIZENSHIP INFORMATION* I am a  
*Used for call in verification in call center*

PASSWORD/CLUE Password \_\_\_\_\_

**RESOLUTION**

Please let us know the authorities of the Authorized Signers for the preparation of an Account Resolution.

Authorized Signer Title for Resolution (*Select One*) Secretary/Managing Member/Secretary

Signer Name: \_\_\_\_\_

Powers of Signers (*select number from below*)

Authorized Signer 1

Authorized Signer 2

Authorized Signer 3

Authorized Signer 4

## CHOOSE ACCOUNT(S)

### CHECKING

Account Initial Deposit (*Variable min per acct see new acct disclosure*)

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Corporate Analysis              | Deposit Amount _____ |
| <input type="checkbox"/> Select (Interest)               | Deposit Amount _____ |
| <input type="checkbox"/> Business Advantage              | Deposit Amount _____ |
| <input type="checkbox"/> Business Free                   | Deposit Amount _____ |
| <input type="checkbox"/> Business Interest (Sole P Only) | Deposit Amount _____ |

### DEBIT CARD

If ordering, indicate which Authorized Signer needs a card ordered

Signer Name \_\_\_\_\_ Signer Name \_\_\_\_\_  
Signer Name \_\_\_\_\_ Signer Name \_\_\_\_\_

### ICS (Insured Cash Sweep)

Account Initial Deposit (*\$250,000 minimum per entity*)

- ICS DEMAND Deposit Amount \_\_\_\_\_

### BUSINESS CERTIFICATE OF DEPOSIT

Account Initial Deposit (*\$500 minimum per CD*)

\_\_\_\_\_ months \_\_\_\_\_ % APY Deposit Amount \_\_\_\_\_  
\_\_\_\_\_ months \_\_\_\_\_ % APY Deposit Amount \_\_\_\_\_

### BUSINESS CDARS® CERTIFICATE OF DEPOSIT<sup>1</sup>

Term Initial Deposit (*\$10,000 minimum per CD*)

- |  |  |
|--|--|
| <input type="checkbox"/> 4 weeks Deposit Amount _____  | <input type="checkbox"/> 1 year Deposit Amount _____ |
| <input type="checkbox"/> 13 weeks Deposit Amount _____ | <input type="checkbox"/> 2 year Deposit Amount _____ |
| <input type="checkbox"/> 26 weeks Deposit Amount _____ | <input type="checkbox"/> 3 year Deposit Amount _____ |

<sup>1</sup> Limits apply. Funds may be submitted for placement only after a depositor enters into a CDARS Deposit Placement Agreement with us. The CDARS Deposit Placement Agreement contains important information and conditions regarding the placement of funds by us. CDARS CDs are placed each week on Thursday or the next business day thereafter. Early withdrawal penalties apply. A minimum deposit of \$10,000 is required to open the CDARS CD. CDARS and Certificate of Deposit Account Registry Service are registered service marks of Promontory Interfinancial

## FUND ACCOUNT(S)

- Check payable to the business or non-profit organization (*Only 1 check required*)  
 Wire  
 Cash  
 Transfer funds from my existing Peoples National Bank Account:

## ELECTRONIC BANKING

Will you, or another member of the Business need Online Banking?  Yes  No

Will the business use Treasury Management Services (*check all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> ACH Origination                  | <input type="checkbox"/> Sweeps/ZBA                       |
| <input type="checkbox"/> Wire Transfer Online Origination | <input type="checkbox"/> Corp Credit Card/Purchasing Card |
| <input type="checkbox"/> Remote Deposit                   | <input type="checkbox"/> Merchant Services                |
| <input type="checkbox"/> Positive Pay                     | <input type="checkbox"/> Payroll Services /HR Resources   |
| <input type="checkbox"/> ACH Positive Pay                 |   |

# Certification of Beneficial Owners of Legal Entities

Financial Institution Name:		Financial Institution Location:	
Financial Institution Contact Person:	Contact Phone Number:	Customer Portfolio/Identifier:	

## I. GENERAL INSTRUCTIONS

### What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

## II. CERTIFICATION OF BENEFICIAL OWNER(S)

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

Name of Natural Person Opening Account:	Title of Natural Person Opening Account:
Type of Legal Entity for Which the Account is Being Opened:	Legal Entity Identifier (Optional):
Name of Legal Entity for Which the Account is Being Opened:	
Physical Address of Legal Entity for Which the Account is Being Opened:	

Provide 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 interests of the legal entity listed above:

Name (Beneficial Owner)	Date of Birth  Percent of Ownership (Optional)	Address (Residential or Business Street Address)	<i>For U.S. Persons: Social Security Number</i>	<i>For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number<sup>1</sup></i>
First  Last	  %	Street  City State & Zip		Number  Country of Issuance
First  Last	  %	Street  City State & Zip		Number  Country of Issuance
First  Last	  %	Street  City State & Zip		Number  Country of Issuance
First  Last	  %	Street  City State & Zip		Number  Country of Issuance

If checked, Beneficial Owner listing requirement is Not Applicable

Provide the following information for 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.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

Name/Title (of Person with Control)	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number and country of issuance, or other similar identification number <sup>1</sup>
First		Street		Number
Last		City		Country of Issuance
Title		State & Zip		

<sup>1</sup> In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, *(name of natural person opening account)*  
 hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also,  
 the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership  
 information on this Certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Institution Use Only:**

Name of Beneficial Owner	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**Additional Information:**