

Internal Use Only: Account Number: _____ Date Opened: _____ Initials: _____ ☐

☐ BizChex+OFAC (B2) ☐ ID Verification+QualiFile (Signers Only) ☐ ID Verification/OFAC (Bene. Owner Only) Exceptions Approved

Business Account Application

- | | |
|--|--|
| ☐ Business Checking | ☐ Business Statement Savings |
| ☐ Business Interest Checking (non-profits only) | ☐ Business Money Market Savings |
| ☐ Safe Deposit Box | ☐ Certificate of Deposit |

Business Information

Legal Business Name: _____

DBA: _____

Tax Identification Number # _____ ☐ For Profit ☐ Non-Profit

Ownership Type: ☐ Sole Proprietor ☐ Partnership/Joint Venture ☐ Limited Liability Company ☐ Corporation/INC
☐ Government/Municipal/Public Funds ☐ Unincorporated Association/Cooperative/Organization ☐ Business Trust

Account Purpose: ☐ General Operations ☐ Payroll ☐ Taxes ☐ Escrow ☐ ATM ☐ Other: _____

Purpose/Nature of Business (please be specific): _____

Website: _____

Local Street Address (required, no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Headquarters Address (if different from above) _____

City _____ State _____ Zip _____

Primary Business Contact Name (required) _____ Business Phone # (required) _____

Primary Contact E-Mail (required for Internet Banking) _____

Authorized Signers on Account

(Please attach additional page, if more signers needed)

Authorized Signer # 1 Title/Position: _____ Mothers Maiden Name: _____

Full First Name _____ MI _____ Last Name _____

Social Security # _____ Date of Birth _____ US Citizen: ☐ Yes ☐ No (Questionnaire Req.)

Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____

Mailing Address (if different from above) _____ City _____ State _____ Zip code _____

Primary Phone _____ E-Mail _____

Driver's License # or other ID _____ Exp Date (Cannot be expired) _____

If different than above, Occupation (please be specific) _____ Employer _____

Location (City, State) _____ Employment Date _____

Signature: _____

Authorized Signer # 2 Title/Position: _____ Mothers Maiden Name: _____

Full First Name _____ MI _____ Last Name _____

Social Security # _____ Date of Birth _____ US Citizen: ☐ Yes ☐ No (Questionnaire Req.)

Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____

Mailing Address (if different from above) _____ City _____ State _____ Zip code _____

Primary Phone _____ E-Mail _____

Driver's License # or other ID _____ Exp Date (Cannot be expired) _____

If different than above, Occupation (please be specific) _____ Employer _____

Location (City, State) _____ Employment Date _____

Signature: _____

BENEFICIAL OWNERSHIP INFORMATION

Person's opening an account on behalf of a legal entity are required by law to provide beneficial ownership information.
(Not applicable for Sole Proprietors, Non-Business Organization, Unincorporated Associations, Government Entities, Publicly Traded Companies)

Section I: Ownership

The following information for each individual, if directly or indirectly, through contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above (you may have anywhere from 0-4 in this section):

Check here ☐ if no individual meets this definition and complete Section II

_____ % Owned ☐ Same Information as Authorized Signer # _____ (information listed on other page)
Title: _____ ☐ Copy of Unexpired Driver's License (or other government identification)
Full Legal Name _____ Social Security # _____ Date of Birth _____
Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____
Following Information is Optional (but recommended to have on file): Phone # _____ E-Mail _____
If different than above, Primary Occupation (please be specific) _____ Employer _____
Location (City, State) _____ Employment Date _____

_____ % Owned ☐ Same Information as Authorized Signer # _____ (information listed on other page)
Title: _____ ☐ Copy of Unexpired Driver's License (or other government identification)
Full Legal Name _____ Social Security # _____ Date of Birth _____
Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____
Following Information is Optional (but recommended to have on file): Phone # _____ E-Mail _____
If different than above, Primary Occupation (please be specific) _____ Employer _____
Location (City, State) _____ Employment Date _____

_____ % Owned ☐ Same Information as Authorized Signer # _____ (information listed on other page)
Title: _____ ☐ Copy of Unexpired Driver's License (or other government identification)
Full Legal Name _____ Social Security # _____ Date of Birth _____
Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____
Following Information is Optional (but recommended to have on file): Phone # _____ E-Mail _____
If different than above, Primary Occupation (please be specific) _____ Employer _____
Location (City, State) _____ Employment Date _____

_____ % Owned ☐ Same Information as Authorized Signer # _____ (information listed on other page)
Title: _____ ☐ Copy of Unexpired Driver's License (or other government identification)
Full Legal Name _____ Social Security # _____ Date of Birth _____
Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____
Following Information is Optional (but recommended to have on file): Phone # _____ E-Mail _____
If different than above, Primary Occupation (please be specific) _____ Employer _____
Location (City, State) _____ Employment Date _____

Section II: Control

The following information is required for one individual that has significant responsibility for managing the legal entity listed above, such as: Executive/Senior Officer/Manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Partner, President, Vice President, and Treasurer) or any other individual that regularly performs similar functions.

☐ Same Information as Authorized Signer # _____ (information listed on other page)
Title: _____ ☐ Copy of Unexpired Driver's License (or other government identification)
Full Legal Name _____ Social Security # _____ Date of Birth _____
Physical Address (required, no PO Box) _____ City _____ State _____ Zip code _____
Following Information is Optional (but recommended to have on file): Phone # _____ E-Mail _____
If different than above, Primary Occupation (please be specific) _____ Employer _____
Location (City, State) _____ Employment Date _____

BUSINESS OPERATIONS INFORMATION

This questionnaire is designed to help Northview Bank identify our customer needs and to understand the type, size, and frequency of transactions you may be conducting, so that we can better be of assistance to you. It also complies with the USA PATRIOT Act of 2001 to help protect our country.

We appreciate your cooperation.

Is the business a Non-Governmental Organization or Charity? Private nonprofit organization, independent from governments, that range from community-based to international charities and include research institutes, churches, professional associations, and lobby groups. Typically depend on charitable donations & volunteer services.	☐ YES ☐ NO
Is the business a Professional Service Provider, which acts as an intermediary between its client and the bank? Examples: Lawyers, Accountants, Real Estate Brokers, or Investment Brokers	☐ YES ☐ NO
Is the business Cash-Intensive, that receives a significant amount of receipts in cash? Examples: Retail/Grocery/Liquor/Convenience Stores, Restaurants, Vending Machine Operators, Car Washes, etc.	☐ YES ☐ NO
Is the business a Non-Bank Financial Institution (NBFI)? Examples: Casino, Finance/Credit Union, Pawn Shop, Dealers in Precious Metals/Stones/Jewelry	☐ YES ☐ NO
Is the business a Money Service Business (MSB)? (aggregated to \$1,000 or more per customer per day) Examples: Cash Checks, Exchange Currency, Money Transmitter, Issue/Deal/Redeem: Money Orders or Travelers Checks, Gift/Phone/Store Cards, Virtual Currency/Bitcoin	☐ YES ☐ NO <i>If YES, Additional Questionnaire Required</i>
Does the business facilitate internet gambling? In the event the business engages now or in the future, it will notify the bank and provide proof that the gambling activity is legal with appropriate state licenses.	☐ YES ☐ NO <i>If YES, Additional Questionnaire Required</i>
Does the business have an ATM machine on the premises?	☐ YES ☐ NO <i>If YES, Additional Questionnaire Required</i>
Does the business engage in Cannabis-Related activity? Industrial Hemp or Medicinal Marijuana Businesses that grow, manufacture, own retail shops, dispensaries or derive <u>any income</u> from a Cannabis-Related business (such as rental income from renting space to a Cannabis-Related Business or offering services)?	☐ YES ☐ NO <i>If YES, Additional Questionnaire Required</i>

ANTICIPATED ACCOUNT ACTIVITY

(Not Applicable for Certificate of Deposits and Safe Deposit Box Applications)

Does the business anticipate making cash deposits?	☐ YES ☐ NO <i>If YES, average monthly:</i> ☐ \$0-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 +
Does the business anticipate making cash withdrawals?	☐ YES ☐ NO <i>If YES, average monthly:</i> ☐ \$0-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 +
Does the business expect to do Even Money Exchanges?	☐ YES ☐ NO <i>If YES, average monthly:</i> ☐ \$0-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 +
Does the business anticipate sending or receiving domestic wire transfers?	☐ YES ☐ NO
Does the business anticipate sending or receiving international wire transfers?	☐ YES ☐ NO
Will the business use remote deposit or other cash management services?	☐ YES ☐ NO
Will the business be using Internet Banking and/or Mobile Banking?	☐ YES ☐ NO
Will deposits be made via mobile deposit?	☐ YES ☐ NO
Does the business anticipate using P2P (sending or receiving money via PayPal, Venmo, Square, CashApp, Zelle, etc.)?	☐ YES ☐ NO

I acknowledge receipt of the USA PATRIOT Act disclosure informing me of required identification information. I authorize the bank to check credit, prior banking activity, employment history and/or other information should it deem necessary to confirm my identity and evaluate my account status in compliance with the USA PATRIOT Act and related laws and regulations.

I agree to notify Northview Bank if any of the above information changes and provide additional documentation as requested.

By signing below, I hereby certify, under penalties of perjury, the information provided is complete and correct.

Signature: _____ Date: _____

Person(s) opening account

Member FDIC

Revised 03/07/23 LJS