

Name of Business: \_\_\_\_\_ \*\*DBA \_\_\_\_\_

Tax ID # \_\_\_\_\_ \*\*SSN: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Business Phone # \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Business Email \_\_\_\_\_ Business Website Address: \_\_\_\_\_

Signatories on Business Account \_\_\_\_\_

Type of Business:  Corporation  Non-Profit Corporation  LLC  Partnership  LP  LLP  
 Government  \*\*Sole Proprietor/Single Member LLC

**Please include the following documents for Business Deposit Accounts:**

1. Articles of Incorporation/ LLC – LLP Agreement
2. Corporate/Non-Profit Resolution authorizing the opening of the new account
3. Assumed name filing, if account is to be opened in a name other than that shown on the Articles of Incorporation.

**Account Survey - Please answer review and answer the questions listed below:**

What industry is your business part of? \_\_\_\_\_

Will transactions involve countries other than the United States? Yes No

Do you own or operate ATM machines? Yes No *If yes, how many?* \_\_\_\_\_

Is this a Money Service Business (MSB) or does it provide MSB services? Yes No

Will you sell/redeem money orders, stored value cards or travelers checks for your customers? Yes No

Will you transmit money for customers? Yes No

Are you registered with FinCen? Yes No - *If yes, please provide copy of registration.*

Will you cash Checks for customers? Yes No *If yes, how many checks over \$1000 per customer per day?* \_

What county is your business located in? \_\_\_\_\_

Will you use Remote Deposit Capture? \_\_\_\_\_

**Anticipated Account Activity (Estimate based on one month statement):**

**Deposits**

**Withdrawals**

<i>Transaction Type</i>	<i>Amount</i>	<i>Volume</i>	<i>Amount</i>	<i>Volume</i>
<i>ACH</i>	\$	#	\$	#
<i>Cash</i>	\$	#	\$	#
<i>Domestic Wire</i>	\$	#	\$	#
<i>Foreign Wire</i>	\$	#	\$	#

Source of Funds:  Check  Cash  Internal Transfer  Incoming Wire

Account Purpose? \_\_\_\_\_

### 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) help 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% or more of the equity interests of the legal entity Customer (e.g., each natural person that owns 25% or more of the shares of the 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% 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% equity holder under section (i)). The financial institution may ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

**CERTIFICATION OF BENEFICIAL OWNER(S)**

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

1. Name and Title of Person Opening Account:

\_\_\_\_\_

2. Name of Legal Entity for Which the Account is Being Opened:

\_\_\_\_\_

3. The following information for each individual if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship of otherwise owns 25 percent (25%) or more of the equity interests of the legal entity listed above:

***Please Include Copy of Driver's License***

**Beneficial Owner 1 Information**

Name (Beneficial Owner) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For US Persons: Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

For Non U.S. Persons Social Security Number, Passport Number and Country of Issuance, or other similar identification number \_\_\_\_\_ Country of Issuance \_\_\_\_\_

**Beneficial Owner 2 Information**

Name (Beneficial Owner) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For US Persons: Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

For Non U.S. Persons Social Security Number, Passport Number and Country of Issuance, or other similar identification number \_\_\_\_\_ Country of Issuance \_\_\_\_\_

**Beneficial Owner 3 Information**

Name (Beneficial Owner) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For US Persons: Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

For Non U.S. Persons Social Security Number, Passport Number and Country of Issuance, or other similar identification number \_\_\_\_\_ Country of Issuance \_\_\_\_\_

**Beneficial Owner 4 Information**

Name (Beneficial Owner) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For US Persons: Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

For Non U.S. Persons Social Security Number, Passport Number and Country of Issuance, or other similar identification number \_\_\_\_\_ Country of Issuance \_\_\_\_\_

**\*\*If any of the Beneficial Owners is an entity please confirm with the personal banker what additional information is required.\*\***

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 Office, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name/Title of Person with Control \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For US Persons: Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

For Non U.S. Persons Social Security Number, Passport Number and Country of Issuance, or other similar identification number \_\_\_\_\_ Country of Issuance \_\_\_\_\_

I, \_\_\_\_\_ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

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

Please forward this application and supporting documentation to [info@pvbank.com](mailto:info@pvbank.com)

Platte Valley Bank representative will review information and contact you to schedule an appointment for completion.