

ADDING A NEW BUSINESS ACCOUNT/BENEFICIAL OWNER

Business Information

Legal Name	Address	Tax ID (EIN/SSN)
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Please select one: **Adding Beneficial Owner(s)** **Adding a New Business**

The Certification of Beneficial Owner(s) is a new federal regulatory requirement which is intended to help the government fight financial crime. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. It requires 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. 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. **It does not include sole proprietorships or unincorporated associations.**

Business Owners: You understand that by Signing, you are providing written instructions to Small Business Bank under the Fair Credit Reporting Act authorizing Small Business Bank to obtain information from your personal credit profile or other information from Experian. You authorize Small Business Bank to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name.

<u>Owners (25% or more must sign)</u>			
Full Name		Address	
Birth Date	Tax Id (SSN)	Phone Number	Email Address
Company Title		%Business Owner	Owners Signature*
Full Name		Address	
Birth Date	Tax Id (SSN)	Phone Number	Email Address
Company Title		%Business Owner	Owners Signature*
Full Name		Address	
Birth Date	Tax Id (SSN)	Phone Number	Email Address
Company Title		%Business Owner	Owners Signature*
Full Name		Address	
Birth Date	Tax Id (SSN)	Phone Number	Email Address
Company Title		%Business Owner	Owners Signature*

<u>Control Manager⁽¹⁾</u>	
Full Name	Company Title

Examples of Senior Management are; 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.

* By signing this form, I verify that the information submitted in this application is correct. I also acknowledge receipt of and accept all terms and agreements

I, _____ (Authorized Representative), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify the bank of any change to the business' Owner(s) or Senior Management.	
<u>Authorized Representative</u>	<u>Date</u>

