



**Know Your Customer
Exempt Entities
Required Information Collection Form**

To help the United States government fight the funding of terrorism and prevent money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens an account. U.S. Bank will ask for the legal name, address, tax identification number, and other identifying information that will assist us in completing the review of contract/application. We may also ask for copies of certified articles of incorporation, an unexpired government-issued business license, a partnership agreement, or other documents that indicate the existence and standing of the entity. U.S. Federal law also requires financial institutions to conduct ongoing customer due diligence, verify the identity of beneficial owners of certain legal entities, and comply with U.S. Economic Sanctions. U.S. Bank may require identification information on Customer, its Affiliates, Related Parties, or Cardholders, if applicable, to allow U.S. Bank to remain in compliance with U.S. Federal law or U.S. Bank policy. Customer agrees to promptly provide such identification information to U.S. Bank, and Customer shall cause its Affiliates, Related Parties or Cardholders, if applicable, to provide identification information to U.S. Bank

Customer Information

Answer all questions completely and thoroughly. Provide first, middle and last names on **all** individuals. Date of Birth is to be in mm/dd/yyyy format. Forms that are returned with missing information will cause delays in processing. Do not leave any section blank unless instructed to do so. If additional space is needed, you may attach additional pages. Abbreviations or acronyms are not acceptable. P.O. Boxes are not acceptable in address. You must notify U.S. Bank if any information contained in the form changes during your relationship with us.

Company (Legal Entity) Name: _____

Provide the full legal name of the customer as it is captured on formation documents, this does not include DBA/Trade names or Operating As names. Examples: Articles of Incorporation, Partnership Agreements, etc.). If the entity is a Sole Proprietorship, provide the full legal name, first, middle, last, of the Owner.

Company Information	
Identification number: TIN, EIN; SSN (for a Sole Proprietorship, a Non-U.S. business identification number from a government-issued document certifying the existence of a business or enterprise).	
Physical Business Address • Street, City, State, Postal Code, Country	
Does your company have a Doing Business As (DBA)/Assumed Name/Fictitious Name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide all DBAs or trade names	
Provide the DBA address if it is different than the company address. • Street, City, State, Postal Code, Country	

Do any of the below business types apply to your business?

If yes, check those that apply and complete the form

If no, reach out to the individual who supplied this form as additional information is required.

- U.S. Department or Agency of any Federal, State or Political Subdivision, including Tribal governmental entities
- U.S. Political Subdivision
- Financial institution that is regulated by a Federal or State Regulator:
- Any entity established under the laws of the U.S., of any State, of any Political Subdivision or under an interstate compact, including Indian Tribal Governmental Entities
- An entity that is listed on the New York, NYSE Market LLC or NASDAQ stock exchanges – this only applies to U.S. operations and entities where equity of 51% or more is held by a listed entity.

Name of Exchange: _____

Ticker Symbol: _____



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Section A: Standard Due Diligence Questions - This section is required to be completed by all applicants

1	What is the nature of your business? • Include NAICS if known	
2	What is the legal structure of your business (e.g., Corporation, Limited Partnership/LLP, Not-for-Profit Organization, LLC)?	
3	What is the company's country of formation?	
4	What is the country of primary business operations for the company?	
5	What is the company's expected monthly value of incoming and outgoing international (outside of the U.S.) activity? If none, please indicate with \$0. None and N/A are not allowed.	\$
6	Does the company provide any of the following services? If Yes, which service? • check cashing services • issue or cash travelers checks or money orders • provide money transmission or foreign exchange services • offer prepaid cards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7	What is the company's estimated or projected annual revenue/budget (USD)? None and N/A are not allowed.	\$
8	What is the purpose of the account?	

Section B: Related Parties (Authorized Signers, Guarantors, Trustees/Protectors, Living Grantors/Settlers, Executor)

Requirements:

- An Account Opener is the individual(s), who signed the Corporate Payment Systems (CPS) contract document(s) on behalf of the company. This is required for all entities each time this form is completed. The account opener must be a Member or Manager of an LLC, Partner of a Partnership, Business Owner, CEO, Controller or other individual who performs a similar function.
- A Trustee, Living Grantor/Settlor and Beneficiary are the individual(s) who are related to any Trust listed in Section C.
- If there are more than four (4) individuals, make a copy of the form and complete it.

	Full Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	OR	Physical Residential Address (preferred) or Business Address	♀	SSN	Role
1	<input type="checkbox"/> No Middle Name						<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Trustee/Protectors <input type="checkbox"/> Living Grantor/Settlor <input type="checkbox"/> Guarantor <input type="checkbox"/> Executor
2	<input type="checkbox"/> No Middle Name						<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Living Grantor/Settlor <input type="checkbox"/> Guarantor <input type="checkbox"/> Executor
3	<input type="checkbox"/> No Middle Name						<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Trustee/Protectors <input type="checkbox"/> Living Grantor/Settlor <input type="checkbox"/> Guarantor <input type="checkbox"/> Executor
4	<input type="checkbox"/> No Middle Name						<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Trustee/Protectors <input type="checkbox"/> Living Grantor/Settlor <input type="checkbox"/> Guarantor <input type="checkbox"/> Executor



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