

Know Your Customer

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 your 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.

How to complete this form:

Answer all questions completely and thoroughly, reviewing the requirements of each section. Missing information will cause delays in processing. Abbreviations or acronyms are not acceptable. **Post Office Boxes or Personal Mailboxes are not acceptable**, please provide physical address for any addresses provided. You must notify U.S. Bank if any information in the form changes.

Section A: Customer Information

Provide the full legal name of the customer as it is captured on formation documents. This does not include Doing Business As (DBA) or Trade names.

Company Name:

Identification Number (*TIN, EIN, SSN, ITIN*):

Is the above Identification Number shared with another entity? Yes No

If Yes, provide all entities that share the Identification Number:

Legal Physical Address (*Where the business is located. Do not provide a mailing address*):

Does the company have Trade or Doing Business As (DBA) name(s)? Yes No

If Yes, provide only the Trade or DBA(s) that are applicable to your relationship with U.S. Bank:

Provide the DBA address(es) if is different than the company address:

Section B: Exempt Entities – Do any of the below business types apply to your business?

• Please select the business type that applies to the business captured in Section A.

If the company is a subsidiary of a Public Body or Publicly Traded Entity and has its own financials, complete the entire form, supply formation documents and the most recent organization chart.

- Is your business a U.S. Department or Agency, including Indian Tribal Government, or was it formed under in interstate compact between two or more states?
- U.S. Political Subdivision (Local Government Entity)
- Financial institution that is regulated by a Federal or State Regulator:
- Any entity established 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
- Subsidiary of a Publicly Traded parent listed on NYSE, NYSE MKT LLC, or NASDAQ stock exchanges*. This only applies to U.S. operations and U.S entities where equity of 51% or more is held by a U.S. listed entity. *Excludes subsidiaries and entities listed under NASDAQ Capital Market (Nasdaq-CM) Companies

Name of Exchange: _____ Ticker Symbol: _____

Section C: Standard Due Diligence Questions

1. What is the nature of your business?

(What products or services do you supply?) Include NAICS if known

2. Does your business operate in the hemp industry? Yes No

(If yes supply USDA License, or State/Tribal Government License along with this form)

3. What is the legal structure of your business? (e.g., Corporation, Limited Partnership/LLP, Not-for-Profit Organization, LLC, Single Member LLC, Partnership, Sole Proprietor, Government)

4. What is the company's country of formation?

5. What is the country of primary business operations for the company?

6. Does the company provide any of the following services to your customers? If Yes, which service?

- check cashing services Yes No
- issue or cash travelers checks or money orders Yes No
- provide money transmission or foreign exchange services Yes No
- offer prepaid cards Yes No

7. What is the company's estimated or projected annual revenue/budget (USD)?

(If none, please indicate with \$0. None and N/A are not allowed.)

\$

Section D: Authorized Signer

One individual is required, additional individuals are optional.

Full Legal Name		Provide <u>one</u> of the following sets of items: Date of Birth (mm/dd/yyyy), OR Physical Residential Address (preferred) OR Business Address OR SSN/ITIN/Foreign ID (A copy of the non-expired foreign ID is required along with this form)
1		
	<input type="checkbox"/> No middle name	
2		
	<input type="checkbox"/> No middle name	

Section E: Control of Public Funds (Government Entities Only)

Applicable law requires U.S. Bank to retain information regarding the individual, full legal name, and title who has control over public funds, which in this case includes credit balances on the card accounts. Control of public funds includes possession of, as well as authority to establish, accounts for such funds in a bank and to make deposits, withdrawals, and disbursements or to direct these activities.

Individuals listed in Section D can also be listed in Section E if applicable

What is the authority type over the public funds?		<input type="checkbox"/> Independent Authority (Requires action or consent of only one official custodian) - One individual is required to be listed below; additional individuals are optional) <input type="checkbox"/> Dependent Authority (Requires action or consent of two or more official custodians.) - At least two individuals are required to be listed
Full Legal Name (First, Middle, Last)		Title – acceptable titles include Chairman, CEO, CFO, City Manager, Comptroller, Director of Administration & Finance, Director of Fiscal Services, District Superintendent, Executive Director, Finance Director, General Manager, Governing Board President, Mayor, President, Superintendent, Treasurer
1		
	<input type="checkbox"/> No middle name	
2		
	<input type="checkbox"/> No middle name	

Section F: Certification by Authorized Signer

This section must be completed by an appropriate individual with the authorization of the Customer provided in Section A at the top of this form. e.g., the secretary or other officer, a member or manager of an LLC, partner of a partnership, business owner, Chief Executive Officer (CEO), controller, Chief Operating Officer (COO), Chief Financial Officer (CFO).

I, an Authorized Officer of the company name listed in Section A above, hereby attest that all information supplied on this form and/or any documentation supplied as requested in this form is true and accurate to the best of my knowledge.

Printed Full Legal Name <input type="checkbox"/> No middle name	
Title:	
Date:	
E-mail Address	
Signature:	

