

TRUSTBANK™

BUSINESS ACCOUNTS INFORMATION

The following information will be requested a the time of opening an account:

1. A completed Business Accounts Information Form. (Form is a part of this document.)
2. Organizational Documents. Please bring a copy of the legal entity's organizational papers such as a certified articles of incorporation, partnership agreement, or trust agreement.

NOTICE

CUSTOMER IDENTIFICATION PROGRAM

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

When you open an account, TrustBank? will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

TRUSTBANK™

BUSINESS and NONPERSONAL ACCOUNTS INFORMATION

(For data entry, use the tab key to conveniently move to data entry fields.)

Business Name: _____

Physical (Street) Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address _____

(If different from street address)

City: _____ State: _____ Zip Code: _____

EIN: _____ Telephone Number: _____

Cell Phone Number: _____ E-mail Address: _____

Fax Number: _____ Code: _____

Type/Nature of Business: _____

Legal Relationship:

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Nonprofit Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Trust | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate | |

The information I have provided is correct to the best of my knowledge. I authorize TrustBank? to check my credit and/or employment history should it deem necessary.

X _____ Date _____
(Signature of account owner or authorized signer)

Federal regulation requires that the Bank have on file verification of a customer's identification.

BANK USE ONLY:

<p>Documentation Verification:</p> <p><input type="checkbox"/> Certified Articles of Incorporation</p> <p><input type="checkbox"/> Certificate of Good Standing</p> <p><input type="checkbox"/> Government-issued Business License</p> <p><input type="checkbox"/> Partnership Agreement</p> <p><input type="checkbox"/> Trust Agreement</p> <p><input type="checkbox"/> Other (Please List Below): _____</p>	<p>Money Service Business Questions:</p> <p>Does the customer cash checks? _____</p> <p>Engage in transmitting money? _____</p> <p>Engage in exchanging money? _____</p> <p>Sell money orders or stored value card? _____</p> <p>Registered as an MSB? _____</p> <p>Engage in any form of internet gambling? _____</p>	<p>Activity Assessment: (Monthly)</p> <p>Estimated cash deposits: _____</p> <p>Numbers of Deposits: _____</p> <p>Incoming wire transfers _____</p> <p>Outgoing wire transfers _____</p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> International</p> <p>If yes, please provide documentation of license. Customer Risk Rating: _____</p>
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Non-Documentary Verification: _____
List Discrepancies and How Resolved: _____

Employee Signature: _____ Date: _____ OFAC List: _____