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 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?	☐ Yes ☐ 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.
Complete Sections A and B
If no, supply formation documents, if available, and complete the entire form.

☐ U.S. Department or Agency of any Federal, State or political subdivision, including Tribal governmental entities
☐ U.S. Political Subdivision (e.g.. Municipality)
☐ 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 or majority owned (51% or greater)
☐ subsidiary of a Publicly Traded parent – this only applies to U.S. operations and entities

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	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
7	What is the company's estimated or projected annual revenue/budget (USD)? None and N/A are not allowed. If none, please indicate with $0	$
8	What is the purpose of the account?	

Section B: Related Parties (Authorized Signers, Guarantors, 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.
- 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	Or	SSN	Role
1	☐ No Middle Name						☐ Authorized Signer ☐ Guarantor ☐ Executor
2	☐ No Middle Name						☐ Authorized Signer ☐ Guarantor ☐ Executor
3	☐ No Middle Name						☐ Authorized Signer ☐ Guarantor ☐ Executor
4	☐ No Middle Name						☐ Authorized Signer ☐ Guarantor ☐ Executor

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Section C: Beneficial Ownership

Requirements:
- List the individual(s) who directly or indirectly own 25% or more for the company listed at the top of this form.
- If any individual with LESS than 25% ownership controls, manages or directs the business, please include them

	Owner #1	Owner #2	Owner #3	Owner #4
Full Legal Name (First, Middle, Last)				
	☐ No Middle Name	☐ No Middle Name	☐ No Middle Name	☐ No Middle Name
Date of Birth (mm/dd/yyyy)				
Residential Address (preferred) or Business Address • PO Boxes are not acceptable				
	☐ Residential or ☐ Business	☐ Residential or ☐ Business	☐ Residential or ☐ Business	☐ Residential or ☐ Business
Identification Number • U.S. Individuals - SSN				
• Non-U.S. individual – SSN or Passport Number, Country of Issuance, Issuance & Expiration Dates or other similar identification number and information Copy of Non-Expired Document is required				
Ownership Percentage				
Check one the boxes below if there are: ☐ No OTHER individual holds more than 25% **or** ☐ No individual holds more than 25%				

List one individual with responsibility to control, manage or direct the business.

Full Legal Name (First, Middle, Last)	
	☐ No Middle Name
Date of Birth (mm/dd/yyyy)	
Title	
Physical Residential Address (preferred) or Business Address • PO Boxes are not acceptable	
	☐ Residential or ☐ Business
Identification number • U.S. individuals - SSN • Non-U.S. Individual – SSN or Passport Number, Country of Issuance, Issuance & Expiration Dates or other similar identification number and information. Copy of Non-Expired Document is required	

Section D: Certification by Account Opener

I, the Account Opener, hereby certify that to the best of my knowledge, the information provided about me, the name and address provided for the legal entity customer and the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and accurate.

Signature: _____

Printed Full Name _____

☐ No Middle Name

Title: _____

Date: _____