

DATE: _____

BUSINESS INFORMATION

Business Tax Identification Number:	Account Title:		
Account Ownership:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other: _____ REFER TO PAGE 3 FOR DOCUMENTATION REQUIREMENTS			
Account Type:			
<input type="checkbox"/> Mission Savings (Min Open \$100) <input type="checkbox"/> Mission MMDA (Min Open \$100) <input type="checkbox"/> Community Club Investor Savings (Min Open \$2,500) <input type="checkbox"/> Community Club MMDA (Min Open \$10,000) <input type="checkbox"/> Mission Business Checking (Min Open \$100) <input type="checkbox"/> Mission Business Maximizer Checking (Min Open \$100) <input type="checkbox"/> Community Club Non-Profit Checking (Min Open \$100) <input type="checkbox"/> Business COD (Min Open Bal \$1,000) Term: _____ Amount: \$ _____ Rate: _____ Approval (if needed): _____			
Business Address(Street Address, City, State, Zip Code):			
Business Mailing Address(if different from Business Address):			
Business Phone Number:	Business Fax Number:	Business Mobile Phone Number:	
Business Website Address:		Business E-mail Address:	
Type/Nature of Business:		Date Business Opened or Organized:	
Primary Trade Area for Business:		Prior Banking Relationship (Name/Location):	
Major Suppliers and Customers and Their Geographic Locations:			

EXPECTED BUSINESS ACTIVITY

Initial Deposit: \$ _____ Check Cash Source of Funds: _____

Is this an Internet Gambling Business? Yes No (If Yes, stop here – we do not open these accounts.)

Please indicate if your business offers any of the following services (check "Yes" or "No" for each):

Will the business cash checks for customers (more than \$1,000 to a single person per day)? Yes No

Will the business sell or redeem traveler's checks, money orders, or stored value cards? Yes No

Will the business exchange currency? Yes No

Will the business transmit money? Yes No

If cash or ACH deposits will be made to this account:

Average cash deposit: \$ _____

Average ACH deposit: \$ _____

If cash or ACH withdrawals will be made from this account:

Average cash withdrawal: \$ _____

Average ACH withdrawal: \$ _____

If you expect to send or receive wire transfers from this account: Send Receive

Projected monthly Domestic wire transfers: \$ _____

Projected monthly International wire transfers: \$ _____

Purpose of the wire transfers: _____

ACCOUNT SIGNER INFORMATION			
<p>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT – To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, record, and maintain information that identifies each person or entity that opens an account and to monitor account activity for possible funding of illegal operations.</p> <p>What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents. Periodically, we also may ask you to again provide or clarify your identifying information.</p>			

ACCOUNT SIGNER #1			
Name (First, Middle Initial, Last):		Suffix (Sr/Jr)	Social Security Number:
Date of Birth:			
Home Address(Street Address, City, State, Zip Code):			
Mailing Address(if different from Home Address):			
E-Mail Address:	Home Phone Number:	Mobile Phone Number:	Work Phone Number:
Occupation/Title:	Mother's Maiden Name:	Birth Place (City, State, Country):	
Type of Government-Issued Identification:	Issuing State / Country:	Identification #:	Expiration Date (mm/dd/yy):
Issue Date (mm/dd/yy):			
For Bank Use Only – CDFI Reporting (Account Signer #1):			
Gender: _____	Ethnicity: _____	MSA/Census Tract: _____	Technical Asst. (Hr/Min): _____
First Time Account Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Verified By: _____		

ACCOUNT SIGNER #2			
Name (First, Middle Initial, Last):		Suffix (Sr/Jr)	Social Security Number:
Date of Birth:			
Home Address(Street Address, City, State, Zip Code):			
Mailing Address(if different from Home Address):			
E-Mail Address:	Home Phone Number:	Mobile Phone Number:	Work Phone Number:
Occupation/Title:	Mother's Maiden Name:	Birth Place (City, State, Country):	
Type of Government-Issued Identification:	Issuing State / Country:	Identification #:	Expiration Date (mm/dd/yy):
Issue Date (mm/dd/yy):			
For Bank Use Only – CDFI Reporting (Account Signer #2):			
Gender: _____	Ethnicity: _____	MSA/Census Tract: _____	Technical Asst. (Hr/Min): _____
First Time Account Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Verified By: _____		

ACCOUNT SIGNER #3			
Name (First, Middle Initial, Last):		Suffix (Sr/Jr)	Social Security Number:
Date of Birth:			
Home Address(Street Address, City, State, Zip Code):			
Mailing Address(if different from Home Address):			
E-Mail Address:	Home Phone Number:	Mobile Phone Number:	Work Phone Number:
Occupation/Title:	Mother's Maiden Name:	Birth Place (City, State, Country):	
Type of Government-Issued Identification:	Issuing State / Country:	Identification #:	Expiration Date (mm/dd/yy):
Issue Date (mm/dd/yy):			
For Bank Use Only – CDFI Reporting (Account Signer #3):			
Gender: _____	Ethnicity: _____	MSA/Census Tract: _____	Technical Asst. (Hr/Min): _____
First Time Account Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Verified By: _____		

ACCOUNT SIGNER INFORMATION
<p>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT – To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, record, and maintain information that identifies each person or entity that opens an account and to monitor account activity for possible funding of illegal operations.</p> <p>What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents. Periodically, we also may ask you to again provide or clarify your identifying information.</p>

ACCOUNT SIGNER #4			
Name (First, Middle Initial, Last):	Suffix (Sr/Jr)	Social Security Number:	Date of Birth:
Home Address(Street Address, City, State, Zip Code):			
Mailing Address(if different from Home Address):			
E-Mail Address:	Home Phone Number:	Mobile Phone Number:	Work Phone Number:
Occupation/Title:	Mother's Maiden Name:	Birth Place (City, State, Country):	
Type of Government-Issued Identification:	Issuing State / Country:	Identification #:	Expiration Date (mm/dd/yy):
For Bank Use Only – CDFI Reporting (Account Signer #4):			
Gender: _____	Ethnicity: _____	MSA/Census Tract: _____	Technical Asst. (Hr/Min): _____
First Time Account Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Verified By: _____		

BASIC DOCUMENTATION FOR BUSINESS ACCOUNTS
<p>Sole Proprietorship:</p> <p><input type="checkbox"/> Fictitious Business Name Statement stamped "filed" by the County Recorder, within the last 5 years (fictitious not needed if DBA owner's exact name; e.g., John Smith , DDS) (Per New Accounts OP 104-1, may obtain a copy from the customer or online from the County Recorder.)</p> <p>Corporation:</p> <p><input type="checkbox"/> Corporate Resolution signed by corporate secretary</p> <p><input type="checkbox"/> Articles of Incorporation stamped "filed" by the Secretary of State</p> <p><input type="checkbox"/> Statement of Information or Corporate Minutes from most recent board of directors' meeting indicating authorized signers</p> <p><input type="checkbox"/> Fictitious Business Name Statement if the corporation maintains DBA(s)</p> <p><input type="checkbox"/> Certificate of Good Standing from the Secretary of State. (Alternatively, may perform a status search through the Secretary of State's web site at: http://kepler.sos.ca.gov/)</p> <p><input type="checkbox"/> Out of State or Foreign Corporation (only): Certificate of Qualification stamped "filed" by the Secretary of State</p> <p>Partnership (or Limited Partnership):</p> <p><input type="checkbox"/> Partnership Authorization signed by all partners (or by general partners if LP)</p> <p><input type="checkbox"/> Copy of Limited Partnership Agreement</p> <p><input type="checkbox"/> If Limited Partnership, Copy of Certificate of Limited Partnership (Form LP-1) stamped "filed" by Secretary of State</p> <p><input type="checkbox"/> Fictitious Business Name Statement if the partnership (or LP) maintains DBA(s)</p> <p>Limited Liability Partnership:</p> <p><input type="checkbox"/> Partnership Authorization signed by all partners (or as established in Partnership Agreement)</p> <p><input type="checkbox"/> Copy of Partnership Agreement</p> <p><input type="checkbox"/> Certificate of Limited Liability Partnership (Form LLP-1) stamped "filed" by the Secretary of State</p> <p><input type="checkbox"/> Fictitious Business Name Statement if the LLP maintains DBA(s)</p> <p>Limited Liability Company:</p> <p><input type="checkbox"/> Limited Liability Company Resolution</p> <p><input type="checkbox"/> Copy of Operating Agreement</p> <p><input type="checkbox"/> Articles of Organization (Form LLC-1) stamped "filed" by the Secretary of State</p> <p><input type="checkbox"/> Limited Liability Company Statement of Information (Form LLC-12) stamped "filed" by the Secretary of State</p> <p><input type="checkbox"/> Fictitious Business Name Statement if the LLC maintains DBA(s)</p> <p><input type="checkbox"/> Certificate of Good Standing from the Secretary of State. (Alternatively, may perform a status search through the Secretary of State's web site at: http://kepler.sos.ca.gov/)</p> <p>Unincorporated Association (e.g., homeowner's association, club, fraternal benefit association, lodge, religious society, or other unincorporated organization):</p> <p><input type="checkbox"/> Copy of Minutes outlining purpose and interest of group and authority level of representatives</p> <p><input type="checkbox"/> Bylaws or Articles of Association specifying which individuals are authorized to act for the association</p> <p><input type="checkbox"/> Letter of authorization or resolution of members (signed by two or more officers of the organization)</p> <p><input type="checkbox"/> Non-Profit Unincorporated Association (only): 501(c) Letter from the IRS</p>

FOR BANK USE ONLY:

Business Verifications:

- eFunds Chexsystems/ID Verification completed for business
- Site inspection completed and in file
- Verify business phone number provided
- Verify OFAC (Note: If "OFAC Match" status is "Failed" (rather than "Passed") contact BSA Officer immediately for assistance.)
- NAICS Code: _____

Account Signer Verifications:

- eFunds Chexsystems/ID Verification completed for each account signer
- CIP Data entered in Portfolio Record (including ID and other CIP- related data entered on "Names" Tab for each account signer)
- Photo ID for each account signer documented and verified
- Verify OFAC (Note: If "OFAC Match" status is "Failed" (rather than "Passed") contact BSA Officer immediately for assistance.)

Other Account Services:

- Visa Business Check Card(s)
 - Internet Banking
 - Remote Deposit Capture
 - Courier Service (Note: Service Not Available for LPO)
 - Wire Transfers
 - Credit Card
 - Overdraft Protection
 - Checks – Design: _____ Starting #: _____ Number of Signature Lines: _____
- Note: If Laser checks, provide a sample. Name of Program: _____

Miscellaneous:

Account Number: _____

Portfolio Number: _____

Account Opened By (Print Name/Title): _____

Signature: _____ Date: _____

Exception Approvals:

Description of Exception(s): _____

Exception(s) Approved By (Print Name/Title): _____

Signature: _____ Date: _____