

Business Account Application/CIP Attn: New Accounts

PLEASE PRINT CLEARLY

| Business Name: | | | |
|---|---|--|---|
| Business is | Native – Tribe | | Non-Native |
| Type of Entity: | ☐ Association/Cooperative☐ Limited Liability Company☐ Estate or Trust | ☐ Corporation ☐ Partnership/LLP/LL ☐ Other | ☐ Tribe/Municipality LP ☐ Sole Proprietorship |
| Tax ID Number/EIN: | | | Non-profit |
| Describe Business: | | | |
| Markets Served: | | | |
| Physical Address/ | | | |
| Location: | | | |
| Mailing Address: | | | |
| Business Phone#: | | | |
| Secondary Phone#: | | | |
| E-mail Address: | | | |
| Signer 1: Full Name | | SSN | DOB |
| • | | | |
| Full Name | | SSN | DOB |
| Signer 3: | | SSN | |
| Attached separate sheet for | or additional signers. | | |
| Number of Signate | ures Required for Withdra | awals/Changes: | |
| | ccounts you would like to _Analysis Checking | o open for each product: 1_Money Market | |
| Analysis Checking | Business Checking | Interest Checking | |
| Money Market | Savings | CD (complete addendum) | (Restrictions Apply) |
| ☐ Visa Debit Card(s) | _ | | |
| | ative American Bank? | _ | |
| | | | |
| | ation of your Business Acco | | |
| Send the new account pac | ket: | | |
| ☐ By E-mail – E-m ☐ By FAX – Fax No ☐ By Mail to the Ad | | | |
| Return this application/CIP | | | |
| By Email: info@nabn | | 201 | ve American Bank N Broadway ver, CO 80203 |



New Business Account Documentation Letter

Thank you for looking to Native American Bank to help with your business banking needs! We are excited to begin a partnership and help you manage the financial aspects of your business. To begin opening your business account with Native American Bank, we will require a few documents in addition to the Business Account Application. These documents include, but are not limited to:

Business Formation Documents - Filed Copies

- Association/Cooperative Letter of Authorization, Public Meeting Minutes
- Corporation Articles of Incorporation
- Tribal Government Confirmation of federally registered and filed constitution
- Limited Liability Company Articles of Organization
- Partnership/LLP/LLLP Partnership Agreement
- Sole Proprietorship Tribal Business License (res only)/DBA/Fictitious Name Filing
- Trust At least 1st and last pages of Trust Agreement
- Estate Court Order designating Personal Representative(s)

Tribal Business License

• When conducting business on reservation

TIN Verification

• Copy of IRS Letter or first page of filed tax returns

Certification of Beneficial Ownership (included)

- Controller prong designation required
- Description of ownership if no 25% owners
- Indication of more than one account opened

IDs for all owners and signers will need to be gathered, either by NAB staff in person, or by completing a Notarized ID form. Our friendly staff is available to help answer any questions you may have regarding these documents and what information should is required. You may call your local branch during business hours, email info@nabna.com, or come visit us in person!

Denver, CO Browning, MT

201 N Broadway 105 North Public Square

Denver, CO 80203 P.O. Box 730

Browning, MT 59417

Main: 720.963.5511 Main: 406.338.7000 Fax: 303.988.5533 Fax: 406.338.7008

9-5 Monday – Friday 8-4 Monday – Thursday

8-5 Friday

Thank you,

Native American Bank, N.A.



Certification Regarding Beneficial Owners of Legal Entity Customers

I. General Instructions

What is this form?

To assist the government in fighting financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person(s) opening the account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the legal entity customer (e.q., each natural person that owns 25 percent or more of the corporation); <u>and</u>
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner or VP)

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii) It is possible that in some circumstances the same individual may be identified under both sections.

The financial institution may also ask to see a copy of a drivers license or other identifying document for each beneficial owner listed on their form.

II. Certification of Beneficial Owner(s)

| | Persons opening a information. | n account on | behalf of a lega | l entity must provide the following | |
|----------------|---|-------------------------|---------------------------------------|--|---------------|
| | a. Name and Title of No | | | | |
| | b. Name and Address o | | | | |
| | c. The following inform | ation (basic CIP) | for <u>each</u> individual, ij | f any, who, directly or indirectly, through any | |
| (If no individ | contract, arrangement, interests of the legal en | tity listed above: | | wise, owns 25 percent or more of the equity | |
| Name | addinices this definition, p | DOB | SSN | Physical Address | Ownershi % |
| | | | | | |
| | | | | | |
| | | | | | |
| | d. The following inform | ation for <u>one</u> in | dividual with significe | ant responsibility for managing the legal entity | , |
| Name | | DOB | SSN | Physical Address | |
| | | | | | |
| | that the information prov | | | pening account), hereby certify, to the best o | f my |
| Signature: | | | | Date | |