



# Business Account Application/CIP

Attn: New Accounts

PLEASE PRINT CLEARLY

Business Name : \_\_\_\_\_

Business is  Native  Non-Native

**Type of Entity:**  
 Limited Liability Company  Association/Cooperative  Corporation  
 Estate or Trust  Partnership/LLP/LLLP  Sole Proprietorship  
 Non-profit-Status: \_\_\_\_\_  Other \_\_\_\_\_

Tax ID Number/EIN: \_\_\_\_\_

Describe Business: \_\_\_\_\_

Markets Served: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**Enter the number of accounts you would like to open for each product:**

*For example: 2 Analysis Checking 1 Money Market*

\_\_\_\_ Analysis Checking \_\_\_\_ Business Checking \_\_\_\_ Interest Checking \_\_\_\_ Non-Profit Checking (Restrictions Apply)  
\_\_\_\_ Money Market \_\_\_\_ Savings \_\_\_\_ CD (Complete Addendum)

Visa Debit Card(s)  Online eBanking  Cash Management

How did you hear about Native American Bank: \_\_\_\_\_

Upon Receipt and Verification of your Business Account Application/CIP, Native American Bank will Contact you and send a new account packet with documents to complete and further instructions.

Send New account packet by:

Email- Address \_\_\_\_\_  Fax- Number \_\_\_\_\_  
 Mail to the Mailing Address Above

**By submitting this application, you approve Native American Bank to run a ChexSystems review of the information Provided. Return this application:**

Email: [info@nabna.com](mailto:info@nabna.com)

Fax: 303-988-5533

Mail: Native American Bank  
201 N. Broadway  
Denver, CO 80203



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Attn: New Accounts

**PLEASE PRINT CLEARLY**

## Account Signer Information

Signer 1:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Street Address                      Apt/Unit #                      Street Address                      Apt/Unit #

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City                      State                      Zip Code                      City                      State                      Zip Code

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Does the ID provided list your current address?  
(If no, please provide address verification.)  Yes  No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  Native Tribe: \_\_\_\_\_  Non Native

Signer 2:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Street Address                      Apt/Unit #                      Street Address                      Apt/Unit #

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City                      State                      Zip Code                      City                      State                      Zip Code

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Does the ID provided list your current address?  
(If no, please provide address verification.)  Yes  No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  Native Tribe: \_\_\_\_\_  Non Native

Signer 3:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Street Address                      Apt/Unit #                      Street Address                      Apt/Unit #

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City                      State                      Zip Code                      City                      State                      Zip Code

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Does the ID provided list your current address?  
(If no, please provide address verification.)  Yes  No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  Native Tribe: \_\_\_\_\_  Non Native

For additional Signers please use another Authorized Signers Information page.



### **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 1<sup>st</sup> 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 be required. You may call your local branch during business hours, email [info@nabna.com](mailto:info@nabna.com), or come visit us in person!

Denver, CO  
201 N Broadway  
Denver, CO 80203

Tulalip, WA  
8815 34TH Avenue NE  
Tulalip, WA 98271

Browning, MT  
105 North Public Square  
Browning, MT 59417

Main: 800.368.8894  
Fax: 303.988.5533

Main: 800.368.8894  
Fax: 360.559.2669

Main: 800.368.8894  
Fax: 406.338.7008

9-4 Monday - Thursday  
9-5 Friday

9-4 Monday - Thursday  
9-5 Friday

9-4 Monday - Thursday  
9-5 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.g., each natural person that owns 25 percent or more of the corporation); **and**
- (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 this form.

## II. Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information.

a. Name and Title of Natural Person Opening Account:

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b. Name and Address of Legal Entity for Which the Account is Being Opened

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c. The following information (basic CIP) for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

(If no individual meets this definition, please write "Not Applicable")

Name	DOB	SSN	Physical Address	Ownership %

d. The following information for one individual with significant responsibility for managing the legal entity

Name	DOB	SSN	Physical Address

\*\*\* I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_

Date \_\_\_\_\_