

FARMERS STATE BANK
CUSTOMER INFORMATION PROFILE – NON-PERSONAL ACCOUNTS
Business Account/Sole Proprietor/Non Profit
New Account Worksheet

On October 26, 2001, the USA PATRIOT Act was signed into law. As an obligation of this law, financial institutions are required to obtain, verify and record information that identifies each person who opens an account. We proudly support all efforts to protect and maintain the security of our customers and our country.

Date: _____ Branch # _____ Account # Assigned _____

Business/Entity Name: _____ Type/Nature of Business/Entity: _____

Street Address*: _____

City, State, Zip _____
 (*Please note: PO Box holders must furnish physical address as well as mailing address)

Length of time in business _____ Taxpayer ID (EIN/SSN): _____

Business Phone #: _____ Fax #: _____ Cell Phone # _____

E-mail/website: _____

Type of Account: _____ Purpose of Loan _____

Amount of Opening Deposit: \$ _____ Amount of Initial Loan: \$ _____

Persons authorized on this account: _____

Source of Funds: Check _____ Cash _____ Internal Transfer ___ From Account # _____

THIS SECTION NON-APPLICABLE TO ESTATES AND TRUSTS

What is your trade area? _____

Do you cash checks for customers? **Y or N** Do you exchange cash for customers? **Y or N**

Do you accept Visa/Mastercard? **Y or N** Do you have an ATM on your premises? **Y or N**

Do you sell money orders, Western Union Drafts, or prepaid cards? **Y or N**

Do you process wire transfers for others? (Moneygram, Western Union, etc.)? **Y or N**

Is your business a Money Service Business or Money Transmitter? **Y or N**

Will you send/receive Domestic Wires or ACH? **Y or N** Will you send/receive International Wires or ACH? **Y or N**

Will you purchase Cashiers Checks? **Y or N** Anticipated monthly **CASH** volume _____

Will you have **CASH** deposits or withdrawals over \$10,000 per month? **Y or N**

Anticipated types of deposits/withdrawals typically made (more than one may be listed)?

Cash _____ **Checks** _____ **Electronic** _____ **Wire Transfers (domestic or foreign)** _____ **Other** _____

If Other, specify: _____

The information I have provided is correct to the best of my knowledge. I authorize Farmers State Bank to check credit and/or employment history should it be deemed necessary.

X _____ Date _____
 (Signature of authorized signer/owner/partner)

PLEASE COMPLETE QUESTIONS ON THE BACK OF THIS FORM

BANK USE ONLY
 BRANCH _____ EMPLOYEE _____
 This sheet must be accompanied by:
 _____ Certificate of Incorporation/LLC-LLP Agreement
 _____ Certificate of Good Standing (Sec of State)
 _____ Corporate/Non-Profit Resolution
 _____ Trade Name Certificate (Sole Props)
 _____ Other (credit rpt, tax returns, etc)
 _____ OFAC ChexSystems
 _____ ChexSystems

Business/Entity Name: _____

THIS PAGE NON-APPLICABLE TO ESTATES AND TRUSTS

CERTIFICATION REGARDING INTERNET GAMBLING

As an officer of the above referenced organization, I acknowledge that this financial institution is required by regulators implementing customers' Unlawful Internet Gambling Enforcement Act of 2006 and its implementing regulations to perform due diligence in assuring that its commercial customers' accounts do not receive deposits from illegal internet gambling.

Under penalties of perjury, I hereby state that the accounts in any variation of this name or any "doing business as" name attached to this organization are not used in connection with internet gambling of any kind. Further, we agree to notify this financial institution in writing immediately if any of our accounts are used in connection with such activities in the future.

X _____ Date _____
(Signature of authorized signer/owner/partner)

_____ Title _____
Printed Name

.....
MARIJUANA / HEMP BUSINESS QUESTIONNAIRE – STATE OF COLORADO

Are you engaged in any of the following for your business?

- | | | |
|---|-----|----|
| 1. Do you operate a Marijuana Cultivation Facility? | Yes | No |
| 2. Do you operate a Marijuana Establishment? | Yes | No |
| 3. Do you operate a Marijuana Product Manufacturing Facility? | Yes | No |
| 4. Do you sell Marijuana Products? | Yes | No |
| 5. Do you operate a Marijuana Testing Facility? | Yes | No |
| 6. Do you operate a Retail Marijuana Store? | Yes | No |
| 7. Are you involved with the cultivation or production of Hemp? | Yes | No |

Marijuana Cultivation Facility means an entity licensed to cultivate, prepare, and package marijuana and sell marijuana to retail marijuana stores, to marijuana product manufacturing facilities, and to other marijuana cultivation facilities, but not to consumers.

Marijuana Establishment means a marijuana cultivation facility, a marijuana testing facility, a marijuana product manufacturing facility, or a retail marijuana store.

Marijuana Product Manufacturing Facility means an entity licensed to purchase marijuana, manufacture, prepare, and package marijuana products; and sell marijuana and marijuana products to other marijuana product manufacturing facilities and to retail marijuana stores, but not to consumers.

Marijuana Products means concentrated marijuana products and marijuana products that are comprised of marijuana and other ingredients and are intended for use or consumption, such as, but not limited to, edible products, ointments, and tinctures.

Marijuana Testing Facility means an entity licensed by a state agency to sell marijuana and marijuana products pursuant to section 14 of this Article and the Colorado Medical Marijuana Code.

Retail Marijuana Store means an entity licensed to purchase marijuana from marijuana cultivation facilities and marijuana and marijuana products from marijuana product manufacturing facilities and to sell marijuana and marijuana products to consumers.

Hemp cultivation or production includes any agricultural pilot programs which study the growth, cultivation, or marketing of industrial hemp as authorized by Section 7606 of the 2013 Farm Bill or any other operation related to the hemp industry.

If you answered YES to any of the questions listed 1 through 6 above we will not be able to open this account for you. We have chosen not to do business with Marijuana businesses.

Under penalties of perjury, I hereby state that the accounts in any variation of this name or any "doing business as" name attached to this organization are not used in connection with the Marijuana Business of any kind. Further, we agree to notify this financial institution in writing immediately if any of our accounts are used in connection with such activities in the future.

X _____ Date _____
(Signature of authorized signer/owner/partner)

_____ Title _____
Printed Name

CUSTOMER IDENTIFICATION PROCEDURES
NON-PERSONAL ACCOUNTS

Notify the customer of our intention to verify their identity. This notification is at the top of the CUSTOMER INFORMATION PROFILE form.

A CUSTOMER INFORMATION PROFILE form should be completed for each entity applying for an account. This includes Authorized Signers and Beneficial Owners of non-personal accounts. Assist the customer in completing the form. Make sure that the form is completely filled out.

The following information will be collected on the CUSTOMER INFORMATION PROFILE form prior to opening any kind of account.

_____ NAME of Business or Entity

_____ Nature or Type of Business or Entity

_____ PHYSICAL ADDRESS and years at this address

- A Post Office box is acceptable as a mailing address as long as a legitimate physical address is provided as well.

_____ TAXPAYER IDENTIFICATION NUMBER

_____ PHONE NUMBERS – phone, fax, cell

_____ E-MAIL ADDRESS and/or Website

_____ Type of Deposit Account OR Purpose of Loan

_____ Opening Deposit or Initial Loan

_____ Completed CERTIFICATION OF BENEFICIAL OWNERS form

_____ Complete a Customer Information Profile form for the Entity and each Authorized Signer or Beneficial Owner, including getting Identification and other documentation as instructed on the form

_____ Complete the Source of Funds and other information regarding Deposit Account activity

_____ Obtain the authorized signature and date on the form

_____ **REVIEW THE FORM TO MAKE SURE THE INFORMATION IS COMPLETE. CHECK THE ADDRESS GIVEN TO MAKE SURE IT MATCHES THE ADDRESS ON THE IDENTIFICATION GIVEN. IF IT DOES NOT MATCH ASK THE CUSTOMER WHY AND NOTE THAT ON THE COPY OF THE ID.**

_____ OFAC Inquiry --- **MUST BE COMPLETED PRIOR TO OPENING THE ACCOUNT**

_____ Chex System or Credit Report

_____ Other information appropriate to the type of business or entity (Articles of Incorporation, Corporate/Non-profit resolution, Trade Name Certificate, Certificate of Good Standing, Personal Representative paperwork, Trust paperwork, etc.)

ANY INFORMATION NOT COLLECTED AT ACCOUNT OPENING MUST BE OBTAINED WITHIN 60 DAYS OR THE ACCOUNT WILL BE CLOSED.