



Garden Plain State Bank

New Account Application - Business

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, and record information that identifies each person who opens an account. 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 will also ask to copy your driver's license and other identifying documents.

Type of Entity- Please check one of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> C Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> S Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Organization / Association | <input type="checkbox"/> Other: _____ |

Entity Name: (exactly as it is shown on corporate document) _____

EIN _____ Business Phone _____ Email Address _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address Same as above _____

Please indicate the type of account(s) you are applying for (mark all that apply):

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Online Bill Payments |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> E-Statements |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Online/Mobile Banking | <input type="checkbox"/> Other _____ |

Nature of Business: _____ Date Business Opened: _____

Purpose of Account: _____

- | | | |
|---|------------------------------|---|
| Will the business provide money transmitting/check cashing services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No Type? _____ |
| Will the business be involved with internet gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No Type? _____ |
| Will the business derive income from the Cannabis-related industry (including Hemp, CBD Oil, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No Type? _____ |

What is the expected average monthly balance for this account?
 \$0 - \$2,500 \$2,501 - \$5,000 \$5,001+

What is the anticipated average monthly amount of **cash deposits**?
 \$0 - \$2,500 \$2,501 - \$5,000 \$5,001+

What is the anticipated average monthly amount of **cash withdrawals**?
 \$0 - \$2,500 \$2,501 - \$5,000 \$5,001+

Will there be automatic deposits? (i.e. card processing, etc.) Yes No
 If yes: Type anticipated number each month? _____

Will there be automatic withdrawals? (i.e. payroll, bill/tax payments, etc.) Yes No
 If yes: Type anticipated number each month? _____

Will there be wire transfers? Yes No
 If yes: Domestic International Expected Countries: _____

I certify the information provided is true and correct.

Signature / Title _____

Date _____



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New Account Application - Business (continued)

In addition to providing the information below, please provide a copy of an unexpired government ID (i.e. driver's license) for each of the authorized signers listed below.

Authorized Signers:

Legal Name: (exactly as it's shown on your State/Government issued ID, i.e. driver's license)

Title / Position

Social Security Number

Birthdate

Home

Cell

Email Address

Primary Phone Number

Work

Physical Address (no P.O. Box) - Street, City, State, Zip

Legal Name: (exactly as it's shown on your State/Government issued ID, i.e. driver's license)

Title / Position

Social Security Number

Birthdate

Home

Cell

Email Address

Primary Phone Number

Work

Physical Address (no P.O. Box) - Street, City, State, Zip

Legal Name: (exactly as it's shown on your State/Government issued ID, i.e. driver's license)

Title / Position

Social Security Number

Birthdate

Home

Cell

Email Address

Primary Phone Number

Work

Physical Address (no P.O. Box) - Street, City, State, Zip