



# Know Your Customer Required Information Collection Form

To help the United States government fight the funding of terrorism and prevent money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens an account. U.S. Bank will ask for the legal name, address, tax identification number, and other identifying information that will assist us in completing the review of your contract/application. We may also ask for copies of certified articles of incorporation, an unexpired government-issued business license, a partnership agreement, or other documents that indicate the existence and standing of the entity. U.S. Federal law also requires financial institutions to conduct ongoing customer due diligence, verify the identity of beneficial owners of certain legal entities, and comply with U.S. Economic Sanctions. U.S. Bank may require identification information on Customer, its Affiliates, Related Parties, or Cardholders, if applicable, to allow U.S. Bank to remain in compliance with U.S. Federal law or U.S. Bank policy. Customer agrees to promptly provide such identification information to U.S. Bank, and Customer shall cause its Affiliates, Related Parties or Cardholders, if applicable, to provide identification information to U.S. Bank.

### How to complete this form:

Answer all questions completely and thoroughly, reviewing the requirements of each section. Do not leave any section blank unless you qualify under Section B. Provide the First, middle (if applicable), and last name for all individuals supplied on this form. Missing information will cause delays in processing. Abbreviations or acronyms are not acceptable. **Post Office Boxes or Personal Mailboxes** are not acceptable, please provide physical address for any addresses provided. You must notify U.S. Bank if any information contained in the form changes

### Section A: Customer Information

#### Company Name:

(Provide the full legal name of the customer as it is captured on formation documents, this does not include DBA/Trade names or Operating As names (Examples: Articles of Incorporation, Partnership Agreements, etc.). If the entity is a Sole Proprietorship, provide the full legal name of the Owner.)

Company Information	
Identification number: • (TIN / EIN; SSN / ITIN)	
Legal Physical Address:	
Does your company have a Trade Name / Doing Business As (DBA) name(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide only the DBA(s) or trade name(s) that are applicable to your relationship with U.S. Bank:	
<i>Provide the DBA address(es) if it is different than the company address:</i>	

### Section B: Exempt Entities – Do any of the below business types apply to your business?

- If yes, check the boxes below that apply. Then complete Sections C and Section D only.
- If no, supply formation documents, if available and complete the entire form.

- Is your business a U.S. Department or Agency, including Indian Tribal Government, or was it formed under in interstate compact between two or more states?
- U.S. Political Subdivision (Local Government Entity)
- Financial institution that is regulated by a Federal or State Regulator:
- Any entity established under an interstate compact, including Indian Tribal Governmental Entities
- An entity that is listed on the New York, NYSE Market LLC or NASDAQ stock exchanges – this only applies to U.S. operations
- Subsidiary of a Publicly Traded parent – this only applies to U.S. operations and entities where equity of 51% or more is held by a listed entity

Name of Exchange: \_\_\_\_\_ Ticker Symbol: \_\_\_\_\_

**Section C: Standard Due Diligence Questions – This section is required to be completed by all applicants**

1	What is the nature of your business? (What products or services do you supply?) • Include NAICS if known	
2	Does your business operate in the hemp industry? (If yes supply USDA License, or State/Tribal Government License along with this form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	What is the legal structure of your business? (e.g., Corporation, Limited Partnership/LLP, Not-for-Profit Organization, LLC, Single Member LLC, Sole Proprietor)	
4	What is the company's country of formation?	
5	What is the country of primary business operations for the company?	
6	Does the company provide any of the following services to your customers? If Yes, which service?	
	Check cashing services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Issue or cash travelers checks or money orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide money transmission or foreign exchange services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Offer prepaid cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	What is the company's estimated or projected annual revenue (USD)? (If you do not have revenue, provide the estimated annual budget) (If none, please indicate with \$0. None and N/A are not allowed.)	\$
8	What is the purpose of this account?	

**Section D: Related Parties – If there are more than three (3) individuals, make a copy of this page and complete it**

Full Name (First, Middle, Last) OR Full Legal Name		Provide <b>one</b> of the following items: Date of Birth (mm/dd/yyyy), OR Physical Residential Address (preferred) OR Business Address OR Social Security Number	Select a Role: Authorized Signer – is the individual(s), who signs the U.S. Bank contract or Application
1	<input type="checkbox"/> No middle name		<input type="checkbox"/> Authorized Signer
2	<input type="checkbox"/> No middle name		<input type="checkbox"/> Authorized Signer
3	<input type="checkbox"/> No middle name		<input type="checkbox"/> Authorized Signer

## Section E1: Beneficial Ownership

Requirements:

- List the individual(s) who directly or indirectly own 25% or more of the Company (Legal Entity) listed at the top of this form.
- If a trust owns 25% or more of the legal entity customer, provide the required information of the individual trustee below, if the trustee is a non-individual, provide the information of the non-individual trustee in Section E2 below
- If any individual with LESS than 25% ownership controls, manages or directs the business, please include them

<input type="checkbox"/> Check Box IF, no individual holds more than 25% ownership directly or indirectly for the listed above then proceed to Section E3				
Use the checkbox to indicate if the individual is an <i>Owner</i> or <i>Trustee</i>	<input type="checkbox"/> Owner #1 <input type="checkbox"/> Trustee #1	<input type="checkbox"/> Owner #2 <input type="checkbox"/> Trustee #2	<input type="checkbox"/> Owner #3 <input type="checkbox"/> Trustee #3	<input type="checkbox"/> Owner #4 <input type="checkbox"/> Trustee #4
Full Legal Name (First, Middle, Last)				
	<input type="checkbox"/> No middle name	<input type="checkbox"/> No middle name	<input type="checkbox"/> No middle name	<input type="checkbox"/> No middle name
Date of Birth (mm/dd/yyyy)				
Physical Residential Address (preferred) or Physical Business Address				
	<input type="checkbox"/> Residential or <input type="checkbox"/> Business	<input type="checkbox"/> Residential or <input type="checkbox"/> Business	<input type="checkbox"/> Residential or <input type="checkbox"/> Business	<input type="checkbox"/> Residential or <input type="checkbox"/> Business
Identification number • <i>U.S. individuals</i> – (SSN/ITIN) or • <i>Non-U.S. individual</i> – SSN/ITIN or Passport Number, Country of Issuance, Issuance & Expiration Dates or other similar identification number and information Copy of Non-Expired Document is required along with this form				
Ownership Percentage	%	%	%	%

## Section E2: Non-Individual Trustee Beneficial Owner Information

- Complete this section if you are a non-individual trustee (e.g., Business Trust), that owns 25% of the Company Name listed in Section A

Full Legal Name	Ownership Percentage	Physical Business Address • Street, City, State, Postal Code, Country	Identification Number: • U.S. Entity: EIN/TIN • Non-U.S. Entity: ID number and country of issuance
	%		
	%		

## Section E3: Beneficial Ownership Control – List one individual with responsibility to control, manage or direct the business

(e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer; or any other individual who regularly performs similar management functions.)

Full Legal Name (First, Middle, Last)	<input type="checkbox"/> No middle name
Date of Birth (mm/dd/yyyy)	
Physical Residential Address (preferred) or Business Address	
	<input type="checkbox"/> Residential or <input type="checkbox"/> Business
Identification number • U.S. individuals – SSN or • For a Non-U.S. individual – SSN or Passport Number, Country of Issuance, Issuance & Expiration Dates or other similar identification number and information. Copy of Non-Expired Document is required along with this form	

**Section F: Certification by Authorized Signer**

This section must be completed by an appropriate individual with the authorization of the Customer provided in Section A at the top of this form. e.g., the secretary or other officer, a member or manager of an LLC, partner of a partnership, business owner, Chief Executive Officer (CEO), controller, Chief Operating Officer (COO), Chief Financial Officer (CFO).

I, an Authorized Officer of the company name listed in Section A above, hereby attest that all information supplied on this form and/or any documentation supplied as requested in this form is true and accurate to the best of my knowledge.

Signature:	
Printed Full Legal Name <input type="checkbox"/> No middle name	
Title:	
Date:	

