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APPLICATION FOR SECURITIES-BACKED LINE OF CREDIT

Instructions for Completing the Application for Securities-Backed Line of Credit

Please read carefully!

This application is for a securities-backed line of credit account with SEI Cash Access through The Bancorp Bank ("Bank"). Please complete **all** sections (as applicable). Incomplete applications will delay processing and may be returned. To open a securities-backed line of credit and to comply with banking regulations and federal law, the following are required:

For Individual/Joint Application:
- Completed, signed application.
- Copy of current driver's license for each applicant.
- Please complete all sections **except** Part 2 and Part 3.

For Trust Application:
- Completed, signed application.
- Completed Certification of Beneficial Owner(s) if the Trust is a statutory trust or business trust created by a filing with the Secretary of State or similar office.
- Completed, signed Trustee Certification/Affidavit. **Important:** If the Trust Agreement is governed by the laws of CA, DE, IA, ID, KS, MN, MS, NV, SD, TN, VT, the signatures of all trustees must be notarized. You may submit the Trustee Certification without a notary acknowledgment to have your application processed. If your application is approved, the Trustee Certification will be returned to the trustees to obtain the required notary acknowledgment. All other areas of the Trustee Certification must be completed in its entirety before the securities-backed line of credit application will be considered.
- Copy of current driver's license for each trustee.
- A copy of the full Trust Agreement is required if the Trust Agreement is governed under the laws of Colorado, Connecticut, Hawaii, Louisiana, New York, Oklahoma, Rhode Island and Michigan. **Important: Do not forward a copy of the Trust Agreement if it is not governed by one of these states.**
- Please complete all sections **except** Parts 1C and 3.

For Business Application:
- Completed, signed application and Certification of Beneficial Owners.
- Copy of current driver's license for each authorized signer or guarantor. (**Note**: A guarantor is defined as an individual with a 20% or greater ownership interest in an entity)
- Copies of required entity documentation, as set forth on the attached Documentation Matrix.
- Please complete all sections **except** Part 2.

NOTE: *The collateral account(s) must be able to support a minimum SBLOC commitment amount of $75,000.*

Submission of Application

Please **submit** (a) the completed, signed application form, (b) supporting documentation, if applicable, and (c) a copy of each applicant's driver's license to:

SEI Private Trust Company Attn: Advisor Network (Service Team)
P.O. Box 1098, Oaks, PA 19456-9907
Fax: 610.676.1021

Electronic submission:
www.SEIAdvisorCenter.com
Select Actions > Manage Forms.
For additional contact information, please select Help > Resources > Contact SEI, from the home page of www.SEIAdvisorCenter.com.

Account Processing

For full processing time please allow 10-15 business days for individual/joint and trust applications and up to 30 business days for business applications. If approved, your loan documents will be sent to you with instructions on how to complete and return them.

The following items will be sent to you after the loan is established:
- Welcome email/letter #1, which includes your user ID for online account access and instructions for getting online
- Welcome email/letter #2, which includes your password for online account access
- Initial order of checks, if requested

Each item will be sent separately for security purposes.

We collect personal information such as identifiers and customer records information when you complete an account application, and Internet and other electronic network activity when you use online banking. The information is used to establish and service the account. Our privacy policy appears at www.seicashaccess.com.

PLEASE KEEP A COPY OF THE APPLICATION FOR YOUR RECORDS.
It contains important information you may wish to review once your account has been opened.

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APPLICATION FOR SECURITIES-BACKED LINE OF CREDIT

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 customer who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, SSN, TIN/EIN and other information that will allow us to identify you. We may also ask to see a copy of your driver's license or other identifying documents.

Please read the entire application and complete Parts 1-7, as applicable. Please keep a copy of the application for your records.

Type of Application: ☐ Individual/Joint ☐ Trust ☐ Business

PART 1A: Personal Information - Primary Applicant, Trustee, Business Owner/Signer

Authorized Signer#1/Trustee#1 First Name: (primary contact)	MI:	Last Name:	
Title:	Social Security Number:	Date of Birth: (mm/dd/yyyy)	
Permanent Address of Individual Signer: (P.O. Box not accepted)			
City:	State:	ZIP:	County:
Mailing Address: (if different than Permanent Address)	City:	State:	ZIP:
Home Phone:	Mobile Phone:	Email:	
Business Phone: (and extension)	Mother's Maiden Name:		
Occupation:	Current Employer:		
Annual Income:	Other Income:*		
If Retired, Last Employer:	Source of Wealth/Retirement Income:	☐ Own ☐ Rent	Monthly Mortgage or Rent Payment:	Years at Address:

PART 1B: Personal Information - Joint Applicant, Trustee, Business Owner/Signer

Authorized Signer#2/Trustee#2 First Name:	MI:	Last Name:	
Title:	Social Security Number:	Date of Birth: (mm/dd/yyyy)	
Permanent Address of Individual Signer: (P.O. Box not accepted)			
City:	State:	ZIP:	County:
Mailing Address: (if different than Permanent Address)	City:	State:	ZIP:
Home Phone:	Mobile Phone:	Email:	
Business Phone: (and extension)	Mother's Maiden Name:		
Occupation:	Current Employer:		
Annual Income:	Other Income:*		
If Retired, Last Employer:	Source of Wealth/Retirement Income:	☐ Own ☐ Rent	Monthly Mortgage or Rent Payment:	Years at Address:

☐ **Additional Authorized Signers/Trustees** - Check here and make copies of and complete Part 1 and Part 6 for each additional Authorized Signer/Trustee.

*You need not disclose income from alimony, child support, or separate maintenance if you do not choose to have it considered as a basis for repayment of this loan.

PART 1C: Affirmation – Personal Applicants and Business Applicant Guarantors Only

This application is for: ☐ Individual Credit Signature of Primary Applicant/Guarantor: _____

☐ Joint Credit Signature of Joint Applicant/Co-Guarantor: _____

The Primary Applicant/Guarantor and Joint Applicant/Co-Guarantor (if applicable) must sign above.

For joint applications, both parties will have full access to the account and will be fully responsible for repayment of the funds.

Please **submit** the signed and completed application to: SEI Private Trust Company, Attn: Advisor Network (Service Team), P.O. Box 1098, Oaks, PA 19456-9907 or Fax: 610.676.1021.

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Name of Trust:

PART 2: Trust Information

Type of Trust:	☐ Revocable Trust ☐ Irrevocable Trust			
Trust Name:			Federal Tax ID Number/ Social Security Number:	
Street Address: (P.O. Box not accepted)				
City:	State:	ZIP:	County:	
Mailing Address: (if different than Street Address)				
City:	State:	ZIP:		
Phone: (and extension)				

Trustee Actions

Approval(s) of Trustee(s) for All Transactions – Bank Not Liable for Confirming Authority of Trustee(s).

For purposes of this application, The Bancorp Bank through which the securities-backed line of credit account is made available, shall be referred to as "the Bank" or "Bank."

In completing this application to open an account with the Bank as Trustee(s) pursuant to the provisions of the trust instrument (the "Trust") as such provisions are confirmed in the Trustee Certification/Affidavit provided with this application, the appointed Trustee(s) named in the provisions of the Trust (or their successors) agree that he/she/they shall be solely, or jointly and severally, liable, as the case may be, to ensure that paper, telephone, online and all other transactions are made in accordance with the terms of the Trust.

For example, where the transaction method only provides one approval mechanism for a transaction's approval and the Trust requires Trustee approval by two (2) or more Trustees under the provisions of the Trust, it shall be the Trustees' responsibility to ensure Trustee approval is in compliance with and pursuant to the provisions of the Trust, and the Bank shall not assume any liability relating to any Trustee's signature or approval.

Please **submit** the signed and completed application to: SEI Private Trust Company,
Attn: Advisor Network (Service Team), P.O. Box 1098, Oaks, PA 19456-9907 or Fax: 610.676.1021.

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Name of Legal Entity:

PART 3: Business Entity Information

Legal Entity Type:

- ☐ Publicly Traded Corporation
- ☐ Corporation
- ☐ General Partnership
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership
- ☐ Professional Corporation
- ☐ S-Corporation
- ☐ Non-Profit
- ☐ Sole Proprietorship
- ☐ Estate
- ☐ Foundation
- ☐ Personal Investment Corporation
- ☐ Private Investment Vehicle
- ☐ Non-Governmental Organization
- ☐ Charity
- ☐ Other _____

Legal Entity Name:	Federal Tax ID Number:
Trade/DBA/FBO Name:	
Street Address: (P.O. Box not accepted)	

City:	State:	ZIP:	County:	Number of Employees:

Mailing Address: (if different than Street Address)	City:	State:	ZIP:

Business Phone: (and extension)	Fax:	Estimated Annual Revenue:

URL:	Email Address for Primary Contact:
Industry Type:	

Please **submit** the signed and completed application to: SEI Private Trust Company,
Attn: Advisor Network (Service Team), P.O. Box 1098, Oaks, PA 19456-9907 or Fax: 610.676.1021.

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Name of Primary Applicant/Trust/Legal Entity: _____

PART 4: Securities-Backed Line of Credit Application

A. Initial Loan Purpose/Use of Funds: _____

NOTE: If the intention is for the proceeds of the securities-backed line of credit to be used to pay off a loan at another financial institution and the proceeds of the existing loan were used to purchase securities, please contact our securities-backed line of credit team to discuss prior to submitting this application. **The securities-backed line of credit is a non-purpose loan which dictates that the proceeds cannot be used for the purchase of securities.**

B. Please answer the following questions:

1. Is any individual borrower, the Trust, Trustee, or Entity, a co-signer or guarantor on any other loans or contracts, including commercial obligations? ☐ Yes ☐ No
2. Are there any unsatisfied judgments against any individual borrower, the Trust, Trustee, or Entity? ☐ Yes ☐ No
3. Has any individual borrower, the Trust, Trustee, or Entity ever filed for bankruptcy? ☐ Yes ☐ No
4. Are any tax payments (sales, income, payroll, property, etc.) delinquent? ☐ Yes ☐ No
5. Has any individual borrower, the Trust, Trustee, Entity or any of its principals ever been convicted of a felony? ☐ Yes ☐ No
6. Is any individual borrower, the Trust, Trustee, Entity or any of its principals liable for any outstanding judgments? ☐ Yes ☐ No
7. Is any individual borrower, the Trust, Trustee, Entity or any of its principals a party to any pending lawsuit? ☐ Yes ☐ No
8. Is any individual borrower, the Trust, Trustee, or Entity liable on any debts not shown, including any contingent liabilities such as lease, endorsement, etc.? ☐ Yes ☐ No
9. Are any of the entity assets pledged as collateral? ☐ Yes ☐ No

If "Yes" to any question, please explain:

If additional space is required, please attach another page.

C. Collateral Accounts

Collateral Account Number	Account Title (exactly as titled on investment portfolio)	Current Custodian (if account is not held at SEI Private Trust Company)	Check to Include All Sub-Accounts
			☐
			☐
			☐

D. Loan Type Requested (select one after reviewing rates with your Financial Professional):

NOTE: *If a selection is not made, the loan type assigned will be* ***variable interest rate****. Rate sheet will be provided with the loan package. Rates are tiered and based off the Commitment Amount.*

☐ 3 year fixed interest rate ☐ Variable interest rate

E. Loan Amount Requested (select one):

NOTE: *The collateral account(s) must be able to support a minimum securities-backed line of credit commitment amount of $75,000.*

☐ The maximum line of credit available based on the proposed ELIGIBLE collateral (100% of cash and equivalents; 90% of Treasuries; 80% of QUALIFIED investment-grade fixed income (Municipal & Corporate Bonds Evaluated on Par Value); or 50% of equities and other non-hedge assets) is subject to underwriting requirements.

☐ Other line of credit amount: $_____ (Minimum: $75,000)

F. Select all that apply (if either is checked, a Bank representative will contact your Financial Professional for details):

☐ Assets currently serve as collateral for a margin or non-purpose loan to be paid off. Please submit the most current investment and loan statements along with this application.

Approximate Payoff Amount: $_____

☐ This margin or non-purpose loan was used to: ☐ Purchase securities ☐ Other: _____

If this margin or non-purpose loan was used to purchase securities, please contact our securities-backed line of credit team to discuss PRIOR to submitting this application.

☐ I/We have one or more existing automatic distributions from the Collateral Account listed above, other than interest & dividends.

Amount of Distribution: $_____ Frequency of Distribution:_____

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Name of Primary Applicant/Trust/Legal Entity: _____

PART 4 *(continued from previous page)*

G. Monthly Payment Options:

- ☐ Bill primary applicant
- ☐ Automatically deduct payment from a checking/savings account (NOTE: Payments will be automatically deducted from the SEI Cash Access Account (CAA) number provided in Part 5A below. If there is no account number provided in this section, an ACH Authorization Form will be included in your loan package).
- ☐ Automatically advance minimum monthly payments from my line of credit.

NOTE: *An email address is a requirement for this election and must be entered in Part 1 of the application.*

TO HAVE YOUR MINIMUM MONTHLY PAYMENTS MADE AUTOMATICALLY WITH ADVANCES FROM YOUR LINE OF CREDIT: If your application for a Securities-Backed Line of Credit is approved and you have checked the box above, you direct us to automatically make your minimum monthly payments with advances from your line of credit beginning on your first minimum monthly payment due date and continuing until you instruct us in writing to stop or we notify you that we will no longer permit such payments. In the event that your minimum monthly payment in any month exceeds your available credit line, we will not arrange for an advance to cover the payment and you will be responsible for making the payment by some other means. MAKING YOUR PAYMENTS WITH CREDIT LINE ADVANCES CONVERTS THE INTEREST PORTION OF THESE PAYMENTS INTO PRINCIPAL ON WHICH ADDITIONAL INTEREST ACCRUES AND RESULTS IN YOUR PAYING INTEREST ON INTEREST. THIS SIGNIFICANTLY INCREASES THE COST OF THE LINE OF CREDIT.

H. Expected Transaction Activity

Please indicate the anticipated transaction volume and dollar amounts of account activity. Your estimates should include both incoming and outgoing transactions. Each transaction type MUST be completed in its entirety.

Services / Transaction Type	Estimated # of Transactions (Monthly)	Estimated $ of Transactions (Monthly)
ACH	☐ 0 ☐ 1-3 ☐ 4-10 ☐ 11-15 ☐ 16-20	☐ $0 ☐ $1-500 ☐ $501-1,000 ☐ $1,001-2,500 ☐ $2,501-5,000 ☐ $5,001+
Wire Transfers	☐ 0 ☐ 1-3 ☐ 4-10 ☐ 11-15 ☐ 16-20	☐ $0 ☐ $1-500 ☐ $501-1,000 ☐ $1,001-2,500 ☐ $2,501-5,000 ☐ $5,001+
Checks	☐ 0 ☐ 1-3 ☐ 4-10 ☐ 11-15 ☐ 16-20	☐ $0 ☐ $1-500 ☐ $501-1,000 ☐ $1,001-2,500 ☐ $2,501-5,000 ☐ $5,001+

Will account be used for international transactions? ☐ Yes ☐ No

If yes, list up to 3 non-U.S. countries where transactions may be sent or may originate:

_____

I. Deliver loan documents for this account to (select one):

- ☐ Email
- ☐ Electronic Signature (not available in MA, PA, SC, or VT)

  NOTE: *An email address and mobile phone number for each signer are requirements for both Email/Electronic Signature elections and must be entered in Part 1 of the application. Standard messaging rates may apply.*
- ☐ Mail to Authorized Signer #1 /Trustee#1 (primary contact)
- ☐ Mail to Financial Professional (refer to Part 5, below)

J. Checks

- ☐ Yes, I/we would like an order of checks for the securities-backed line of credit.

  For Individual/Joint Accounts: The name of each Authorized Signer and the street address of Authorized Signer#1 will appear on the checks.
  For Trust Accounts: The Trust name and street address listed in Part 2 will appear on the checks.
  For Business Accounts: The entity name and street address listed in Part 3 will appear on the checks.
- ☐ No, I/we do not want an order of checks at this time.

K. Important Notes:

- All current and future distributions other than interest and dividends, from Collateral Accounts require prior Bank authorization.
- Obtaining the maximum line of credit may impact distributions from the Collateral Accounts.
- Borrower must pay any state and local taxes and/or third-party fees associated with the opening of this account. These will be disclosed to Borrower prior to account opening, and payment will be required at opening.
- **Your credit limit will automatically be reduced if the "Advance Rate" value or "borrowing power" of your Collateral Account no longer supports the approved credit limit.**

PART 5: Securities-Backed Line of Credit Features and Relationship to CAA

A. If you currently have an open SEI Cash Access Account (CAA) or an account is in the process of being opened, please provide account number here (if known):_____

If not, and you'd like to open a CAA, please complete and submit the appropriate CAA application. Submitting the securities-backed line of credit application does not automatically open a CAA.

(*Part 5 continued on next page*)

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PART 5 *(continued from previous page)*

B. Would you like this securities-backed line of credit to provide overdraft protection to your CAA?

☐ Yes ☐ No

NOTE: This securities-backed line of credit may be used for overdraft protection to your CAA if a check or bill pay item is presented and there are insufficient funds in the CAA. If available, funds will be advanced from the securities-backed line of credit to accommodate the overdraft. Note: Your CAA checks will only draw from the securities-backed line of credit in the event a check or bill-pay item causes an overdraft in the CAA. If you wish to draw funds directly from your line of credit by check, you may request securities-backed line of credit checks.

PART 6: Financial Professional Information - *Signature Required*

For purposes of this application, financial professionals, financial professional firms, advisors, agents and broker shall be referred to, individually and collectively, as "Financial Professionals."

Financial Professional Name:		Financial Professional's Firm Name:	
Broker Dealer Name: (if affiliated this is required)			
Financial Professional's Complete User ID:		**TotalCash® Manager (TCM) Company ID:**	
Business Address: (City and State)			ZIP:
Business Phone: (and extension)	Mobile Phone:	Email:	
Signature of Financial Professional: (must be an authorized signer of firm)			Date: (mm/dd/yyyy)

PART 7: Authorizations, Indemnifications and Agreements - *Signatures Required*

Limited Attorney-in-Fact Authorization and Indemnification

I/We hereby authorize my/our Financial Professional and Financial Professional firm (collectively, the "Financial Professional") to facilitate the transfer of funds from my/our SEI Private Trust Company ("SPTC") linked loan account to this account and to perform account level maintenance to this account. (For a listing of the account level maintenance that can be performed by Financial Professionals and the related processes, visit www.seicashaccess.com.) I/We appoint the Financial Professional referenced herein as my/our agent and limited attorney-in-fact with respect to this transfer of funds authorization. The Bank may treat such Financial Professional's instructions as my/our valid orders. In addition, the Financial Professional may view or obtain information on all of my/our accounts at the Bank, whether previously opened, now opened or opened in the future. The Financial Professional shall not be authorized to withdraw funds or assets from the account except as specifically provided herein.

I/We agree to indemnify, defend and hold harmless SPTC, the Bank and their respective directors, officers, employees, agents, successors and assigns from and against any and all claims, demands, harmless losses, liabilities or expenses, including reasonable attorneys' fees (whether or not such attorneys are employees of SPTC, the Bank or any respective affiliated company), resulting from the Financial Professional's use of the services with respect to the accounts and/or from SPTC or the Bank acting on instructions. I/We understand and agree that if the Financial Professional's use of the services and/or any instructions acted upon by SPTC or the Bank are not within the authority I/we have granted to the Financial Professional, my/our recourse shall be to the Financial Professional, and not to SPTC or the Bank.

Other Agreements, Authorizations and Indemnifications

I/We verify that all information provided in this application is true and correct to the best of my/our knowledge and is provided for the purpose of obtaining the account requested. In addition:

- I/We agree to notify the Bank immediately, in writing, of any material change in the facts stated in this application.
- I/We authorize the Bank to order consumer reports about me/us from consumer reporting agencies and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain about me/us in response to such inquiries.
- I/We authorize the Bank to receive information as occasioned from time to time regarding me/us or my/our co-proprietors, partners, principals, agents or representatives from third parties, and to verify any information on the application. I/We waive any claims against the Bank for invasion of privacy or any similar claim that might arise as a result of the Bank's investigation of me/us or my/our co-proprietors, partners, principals, agents or representatives.
- I/We understand that, upon execution of this account application and authorization, the Bank shall provide me/us with a user ID and password ("Access Codes") for online access to my/our account. I/We agree to assume all risks and losses associated with the disclosure of my/our Access Codes to third parties.
- I/We understand that the Bank's ability to provide services hereunder may be conditioned on the continuing availability of certain services from third parties with which the Bank has contracted. Therefore, I/we authorize the Bank to share my/our personal information with third parties consistent with the Bank's privacy practices.
- I/We authorize the transfer of information, as necessary, between my/our account at the Bank and my/our account at SPTC for the purpose of providing bank account information and to facilitate the CAA Program.

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PART 7: (*continued from previous page)*

- I/We understand and accept that if my/our account has multiple authorized signers, the Bank is only required to verify one of them to process a transaction.
- I/We authorize the transfer of funds and information, as necessary, to and from my/our account at SPTC and my/our account at the Bank for the purpose of executing banking and credit services. I/We understand that this authorization shall act as a standing instruction to transfer funds between these accounts as set forth in this application.
- I/We understand that I/we must notify the Bank and SPTC, either through my/our Financial Professional or directly through the Bank, in writing, in order to cease any disbursements out of, or transfers between, the Bank and SPTC accounts.
- I/We acknowledge that my/our signature(s) at the conclusion of this Part 7 is/are the same signature(s) on file for my/our account(s) at SPTC.
- I/We understand and accept that this account is subject to all applicable rules and regulations adopted by the Bank and as amended from time to time.

Signatures

I/We have read and understand the above authorizations, indemnifications and agreements, and by signing this application, I/we agree to be bound by them. I/We also confirm that the information provided in this application is true and correct to the best of my/our knowledge and is provided for the purpose of obtaining the account requested.

Signature:	Date: (mm/dd/yyyy)
Print Name of Authorized Signer #1/Trustee#1:	
Signature:	Date: (mm/dd/yyyy)
Print Name of Authorized Signer #2/Trustee#2:	

NOTE: BUSINESS APPLICANTS are required to complete and sign the Certification of Beneficial Owner(s) on next page.

TRUST APPLICANTS are required to complete the Certification of Beneficial Owner(s) only if the Trust is a statutory trust or business trust created by a filing with the Secretary of State or similar office.

(Continues on next page)

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

a. Name of person opening account:_____

b. Name of the legal entity for which the account is being opened:_____

Provide the following information for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **25% or more** of the equity interests of the legal entity listed above:

NOTE: If no individual meets this definition, please write **"Not Applicable."**

First Name:	Middle Initial:	Last Name:	Date of Birth:
Street Address: (P.O. Box not accepted)	City:	State:	ZIP:
Percentage of Ownership:	For U.S. Persons: Social Security Number	For Foreign Persons: ***(Insert "Not Applicable" if you are not a foreign person)*** Passport Number and Country of Issuance, or other similar identification number*	

First Name:	Middle Initial:	Last Name:	Date of Birth:
Street Address: (P.O. Box not accepted)	City:	State:	ZIP:
Percentage of Ownership:	For U.S. Persons: Social Security Number	For Foreign Persons: ***(Insert "Not Applicable" if you are not a foreign person)*** Passport Number and Country of Issuance, or other similar identification number*	

First Name:	Middle Initial:	Last Name:	Date of Birth:
Street Address: (P.O. Box not accepted)	City:	State:	ZIP:
Percentage of Ownership:	For U.S. Persons: Social Security Number	For Foreign Persons: ***(Insert "Not Applicable" if you are not a foreign person)*** Passport Number and Country of Issuance, or other similar identification number*	

First Name:	Middle Initial:	Last Name:	Date of Birth:
Street Address: (P.O. Box not accepted)	City:	State:	ZIP:
Percentage of Ownership:	For U.S. Persons: Social Security Number	For Foreign Persons: ***(Insert "Not Applicable" if you are not a foreign person)*** Passport Number and Country of Issuance, or other similar identification number*	

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The following information for **one** individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any individual who regularly performs similar functions.

NOTE: Any individual listed in the above section may also be listed in this section.

First Name:	Middle Initial:	Last Name:	Date of Birth:

Street Address: (P.O. Box not accepted)	City:	State:	ZIP:

Percentage of Ownership:	For U.S. Persons: Social Security Number	For Foreign Persons: ***(Insert "Not Applicable" if you are not a foreign person)*** Passport Number and Country of Issuance, or other similar identification number*

*In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____, hereby certify, to the best of my knowledge, that the information

provided above in this part of the account application is complete and correct.

Signature:	Title:	Date:

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Documentation Matrix

Items Required for New Business Accounts

		Sole Proprietor	General Partnership	LLP or LP	LLC	Corporation	Foundation, Endowment, Nonprofit	Estates (see below)
Required Documentation	**Formation Documents** **(State Filed)**							
	Articles/Certificate of Incorporation					X	X	
	Articles/Certificate of Organization				X			
	Limited Partnership Certificate			X				
	Fictitious Name Registration (if applicable)	X	X	X	X	X	X	
	(Federally Filed)							
	501(c)(3) letter						X	
	Business/Entity Governing Documents							
	Deposit Account If the applicable Resolution is not already in place for the entity, the Bank's Resolution of Authority form may be completed and submitted							
	Corporate Resolution					X	X	
	Limited Liability Resolution				X			
	Partnership Resolution		X	X				
	Loan Account Tax returns for the borrowing business entity and the owner-guarantors for the preceding two years are required. Please expect to be contacted by a representative for the information.							
	Bylaws					X	X	
	Operating Agreement				X			
	Partnership Agreement		X	X				
	Estate Accounts – deposit accounts opened on behalf of an Estate require all relevant Estate Papers, including but not limited to Letters Testamentary and EIN Verification							

All Accounts:

- Applications submitted without all required documentation will be delayed and may be declined for incompleteness.
- Additional documentation may be requested to verify business name, business address, tax ID and/or personal identity of any guarantor or business signer designated on the application. You will be contacted by a representative if any additional documentation is required.

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