

COMMERCIAL ACCOUNT CIP/CDD PROFILE

All signers on the account are required to complete a Business Authorized Signer CIP Profile

<input type="radio"/> NEW RELATIONSHIP		<input type="radio"/> EXISTING RELATIONSHIP			<input type="radio"/> EXEMPT STATUS	
ACCOUNT TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> GBC GOLD	<input type="checkbox"/> TCD	
LOAN TYPE	<input type="checkbox"/> Commercial Real Estate	<input type="checkbox"/> Ex-Im Working Capital	<input type="checkbox"/> Business Equity Line	<input type="checkbox"/> SBA	<input type="checkbox"/> Other _____	

SECTION ONE	INFORMATION
BUSINESS NAME and/or DBA NAME (AS IT APPEARS ON GOVERNMENT ISSUED DOCUMENT)	
PHYSICAL ADDRESS	
MAILING ADDRESS (if different from above)	
TAX IDENTIFICATION NUMBER (TIN) OR EMPLOYER IDENTIFICATION NUMBER (EIN)	
BUSINESS PHONE(S)	
CELLULAR PHONE(S)	
FAX NUMBER PHONE(S)	
EMAIL ADDRESS(ES)	
WEBSITE ADDRESS	
TYPE OF INDUSTRY / NAICS CODE	
DESCRIPTION OF BUSINESS (such as products sold or services provided)	

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight 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, corruption, fraud, 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 opening a new 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, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a General Partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a 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, President, Vice President, or Treasurer).

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 might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

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:

Name:	Title:
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B. **Name, Type, and Address** of Legal Entity for which the account is being opened:

Entity Name:	
Entity Type:	
Address:	

C. 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:

Check here if **NO** individual meets this Section C Beneficial Owners Definition/criteria and completes box C2 below.

Beneficial Owner 1 information:	
Full Name:	Date of Birth:
Social Security Number/Tax Identification Number ¹ :	% of Ownership:
Full Physical Address:	
Identification (ID) Type ² :	Identification Number:
Issued by (State / Country/ Providence)	
Beneficial Owner 2 information:	
Full Name:	Date of Birth:
Social Security Number/Tax Identification Number ¹ :	% of Ownership:
Full Physical Address:	
Identification (ID) Type ² :	Identification Number:
Issued by (State / Country/ Providence)	
Beneficial Owner 3 information:	
Full Name:	Date of Birth:
Social Security Number/Tax Identification Number ¹ :	% of Ownership:
Full Physical Address:	
Identification (ID) Type ² :	Identification Number:
Issued by (State / Country/ Providence)	

Beneficial Owner 4 information:	
Full Name:	Date of Birth:
Social Security Number/Tax Identification Number ¹ :	% of Ownership:
Full Physical Address:	
Identification (ID) Type ² :	Identification Number:
Issued by (State / Country/ Providence)	

¹ For US persons: Provide SSN; For Foreign Persons: Provide Tax Identification Number if available

² For US Persons ID: Provide Driver's License or other government-issued identification documentation

For Foreign Persons ID: Provide 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.

C2 If no individual meets the definition of C, **explain below** (i.e. All <25%; Charity/Non-Profit; etc.):

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D. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- 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 other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Controlling Person information:	
Full Name:	Title:
Social Security Number/Tax Identification Number ¹ :	Date of Birth:
Full Physical Address:	
Identification (ID) Type ² :	Identification Number:
Issued by (State / Country/ Providence)	

I, _____, (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided on page 1 to 4 is complete and correct. I further certify the entity agrees to notify GBC International Bank of any change in the information provided.

SIGNATURE:

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DATE:

Legal Entity Identifier (Optional):

FOR BANK USE ONLY

Account # _____

SECTION TWO	DOCUMENTS
<ul style="list-style-type: none"> ○ SOLE PROPRIETOR (do not need to complete BO and Controlling Person info on P.3 – 4, but need to sign on P.4) 	<ul style="list-style-type: none"> ○ Fictitious Business Name Statement (required) ○ Business License (required)
<ul style="list-style-type: none"> ○ JOINT VENTURE ○ GENERAL PARTNERSHIP (Need to complete BO and Controlling Person info on P.3 – 4 and sign) 	<ul style="list-style-type: none"> ○ Partnership Agreement / Joint Venture Agreement (required) ○ Statement of Partnership Authority (Form GP-1 for California), if any ○ Fictitious Business Name Statement, if applicable
<ul style="list-style-type: none"> ○ LIMITED LIABILITY PARTNERSHIP (Need to complete BO and Controlling Person info on P.3 – 4 and sign) 	<ul style="list-style-type: none"> ○ Application to Register a Limited Liability Partnership (Form LLP-1 for California) or Limited Liability Partnership Registration (for Washington) (required) ○ Partnership Agreement, if any ○ Fictitious Business Name Statement, if applicable
<ul style="list-style-type: none"> ○ LIMITED PARTNERSHIP (Need to complete BO and Controlling Person info on P.3 – 4 and sign) 	<ul style="list-style-type: none"> ○ Certificate of Limited Partnership (For California - Form LP-1, For Washington – no Form Number) (required) ○ Partnership Agreement, if any ○ Fictitious Business Name Statement, if applicable ○ Foreign Limited Partnership Application for Registration (Form LP-5 for California) or Foreign Limited Partnership Registration (for Washington) for foreign partnership doing business in CA/WA, if applicable
<ul style="list-style-type: none"> ○ CORPORATION (Need to complete BO and Controlling Person info on P.3 – 4 and sign) 	<ul style="list-style-type: none"> ○ Minutes of the Board Meeting/ Corporate Resolution (required) ○ Certificate of Incorporation or Articles Stamped “Filed” (required) ○ Statement of Information - Stock (Form SI-200 for California) or Annual Report (for Washington) (required) ○ Certificate of Good Standing, if any ○ Fictitious Business Name Statement, if any ○ Statement and Designation by Foreign Corporation (for CA) or Certificate of Authority (for Washington) for Foreign Corporation doing business in CA/WA, if applicable
<ul style="list-style-type: none"> ○ LIMITED LIABILITY COMPANY (Need to complete BO and Controlling Person info on P.3 – 4 and sign) 	<ul style="list-style-type: none"> ○ Operating Agreement (required) ○ Articles of Organization (Form LLC-1 for California) or Certificate of Formation (for Washington). (required) ○ LLC Statement of Information (Form LLC-12 for California) or Annual Report (for Washington) (required) ○ Application to Register a Foreign Limited Liability Company (Form LLC-5) or Foreign Limited Liability Company Registration (for Washington) for foreign Limited Liability Company doing business in CA/WA, if applicable
<ul style="list-style-type: none"> ○ AGENT, IOLTA, PUBLIC FUNDS, or OTHER TYPE OF ENTITY (refer to BSA Department) 	<ul style="list-style-type: none"> ○ Document as required by the State or GBCIB (Refer to BSA Procedure B7 for required documents.)

SECTION TWO	DOCUMENTS (Cont.)
<ul style="list-style-type: none"> ○ FORMAL IRREVOCABLE TRUST (Formal Trust's TIN number is different than the trustee's SS#. Please use consumer CIP/CDD form for living revocable trust. Living revocable trust's TIN number is the same as the trustee's TIN number) (Generally, do not need to complete BO and Controlling Person info on P.3 – 4, but need to sign on P.4. A business trust registered with the government will need to complete BO and Controlling Person info on P.3 – 4 and sign) 	<ul style="list-style-type: none"> ○ Trust Documents - Copy of the pages of the trust documenting the name, trustees and beneficiaries. The account title should bear the formal name of the trust, the name(s) of the trustee(s), and the date the trust came into existence, i.e., "Doe Family Trust Dated 05/10/90 – Joe Doe Trustee." (required)
<ul style="list-style-type: none"> ○ UNINCORPORATED ASSOCIATION, CLUB (do not need to complete BO and Controlling Person info on P.3 – 4, but need to sign on P.4) 	<ul style="list-style-type: none"> ○ A letter signed by two or more officers of the organization, society or club authorizing designated individuals to open an account (required) ○ A copy of the charter, bylaws or governing rules of the association (required) ○ Minutes of the election of officers, if available.
<ul style="list-style-type: none"> ○ NON-PROFIT ORGANIZATION (do not need to complete BO info on P.3 – 4, but need to complete Controlling Person info on P. 4 and sign on P.4) 	<ul style="list-style-type: none"> ○ Statement of Information – Domestic Non-Profit Corporation (Form SI-100 for California) or Nonprofit Corporation Annual Report (for Washington) (required) ○ Copy of the Internal Revenue Service Filing for Tax Exempt Status (required)
<ul style="list-style-type: none"> ○ OTHER _____ (refer to BSA Department) 	<p>Refer to BSA Procedure B7 for required documents.</p>

MUST COMPLETE FOR ALL BUSINESS TYPE

- **Document Registration State _____**
- **Document / Registration Type _____**
- **Document / Registration Number _____**
(input all information into Precision under CIF Identification -> Verification Details)

SECTION THREE	VERIFICATION
<p>NONDOCUMENT VERIFICATION</p>	<ul style="list-style-type: none"> ○ ChexSystems, telecheck, and/or credit reports ○ Letter of welcome and customer telephone call ○ Previous bank reference ○ Secretary of State – online at www.sos.ca.gov (CA) or www.sos.wa.gov (WA) ○ Site visit
<p>OFAC CHECK</p>	<ul style="list-style-type: none"> ○ No Match ○ Match <p>If match, false positive or complete match</p> <p>Results: _____ (complete or close match – refer to BSA department immediately) (other false positive – maintain printouts for documentation purpose)</p>
<p>Resolve conflict in documents:</p>	<p>Additional Comments:</p>

SECTION FOUR	FACTORS
<p>Type of customer:</p> <ul style="list-style-type: none"> <input type="radio"/> New <ul style="list-style-type: none"> <input type="radio"/> Walk-in <input type="radio"/> Referred by: _____ <input type="radio"/> Existing customer adding new service <input type="radio"/> Existing customer, other _____ 	<p>Type of signers' residency:</p> <ul style="list-style-type: none"> <input type="radio"/> U S Citizen or resident alien <input type="radio"/> Nonresident alien <p>Is any authorized signer or business owner a GBC employee / Board of Director or related to one?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>Location of customer:</p> <ul style="list-style-type: none"> <input type="radio"/> HIDTA / HIFCA County (refer to High Risk Geography List) <input type="radio"/> Non HIDTA / HIFCA County 	<p>Account opening method:</p> <ul style="list-style-type: none"> <input type="radio"/> In person, all parties present <input type="radio"/> In person, less than all parties present <input type="radio"/> Mail or email
<p>Purpose of deposit account:</p> <ul style="list-style-type: none"> <input type="radio"/> Main operating account <input type="radio"/> Deposit account receivables proceed <input type="radio"/> To Advance/Payoff notes of credit line <input type="radio"/> Letter of Credit Transaction <input type="radio"/> Pay Loan Payment <input type="radio"/> Earn Interest <input type="radio"/> Other: _____ 	<p>Type of initial deposit (Check all that applies):</p> <ul style="list-style-type: none"> <input type="radio"/> Cash <input type="radio"/> On us check or transfer <input type="radio"/> Cashier's check or money order <input type="radio"/> Personal check / Business check <input type="radio"/> Wire <input type="radio"/> Loan Advance
<p>How close is the office/business location to the nearest GBC branch office?</p> <ul style="list-style-type: none"> <input type="radio"/> 1 – 20 miles <input type="radio"/> 20+ miles, reason for banking with GBC <ul style="list-style-type: none"> <input type="radio"/> Lending relationship <input type="radio"/> Other: _____ 	<p>If Banking with other Banks:</p> <p>Bank name(s): _____</p> <p>Reason(s) for switching Bank: _____</p>
<p>What brought the business to our bank?</p> <ul style="list-style-type: none"> <input type="radio"/> Products <input type="radio"/> Relationship with banker <input type="radio"/> Location <input type="radio"/> Other _____ 	<p>Other Banking Services Utilize:</p> <ul style="list-style-type: none"> <input type="radio"/> Online Banking <input type="radio"/> Lending Service <input type="radio"/> Trade Finance <input type="radio"/> Remote Deposit Capture / Mobile Deposit Capture <input type="radio"/> Sweep Account <input type="radio"/> Telephone Transfer <input type="radio"/> ACH Origination <input type="radio"/> Safe Deposit Box <input type="radio"/> Other Branch Locations: _____

SECTION FIVE	ADDITIONAL BUSINESS FACTORS
<p>Does the business conduct transactions</p> <ul style="list-style-type: none"> <input type="radio"/> In the United States <input type="radio"/> International, please specify country / area _____ _____ _____ _____ <input type="radio"/> Both 	<p>If the business is in the United States, is it</p> <ul style="list-style-type: none"> <input type="radio"/> Local, in California / Washington <input type="radio"/> Out of state <input type="radio"/> Both <p>Please list primary trade areas (e.g. cities and/or counties and/or other states):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION FIVE	ADDITIONAL BUSINESS FACTORS (cont.)
<p>Is the business:</p> <ul style="list-style-type: none"> <input type="radio"/> Existing business Years in business _____ Annual Revenue/Sales _____ <input type="radio"/> New business Date formed _____ <p>Please list 5 of each:</p> <ul style="list-style-type: none"> <input type="radio"/> Major purchasers: _____ _____ _____ <input type="radio"/> Major suppliers: _____ _____ _____ 	<p>Does the business conduct the following type of Business Activities:</p> <p>Do not open the account if any of the boxes below is checked:</p> <ul style="list-style-type: none"> <input type="radio"/> Money Service Business <ul style="list-style-type: none"> <input type="radio"/> Cashed checks <input type="radio"/> Exchange currency <input type="radio"/> Conduct wire transfer for 3rd party <input type="radio"/> Issued, sales, and redeemed money orders <input type="radio"/> Marijuana Sales <input type="radio"/> Internet Gambling <p>Contact BSA Department if any of the boxes below is checked. Additional documents are required for opening the account:</p> <ul style="list-style-type: none"> <input type="radio"/> Own ATM Machine(s) <input type="radio"/> Process payments for third parties <input type="radio"/> Issued or underwrite insurance product or annuity contract <input type="radio"/> Securities and futures broker/dealer <input type="radio"/> Dealer in precious metals / stones / jewels
<p>For NGO, charitable or non-profit organization, what is the purpose of the organization?</p> <ul style="list-style-type: none"> <input type="radio"/> Civic <input type="radio"/> Benefit or Tragedy <input type="radio"/> Political Campaign <input type="radio"/> Public Fund <input type="radio"/> Other _____ 	<p>For NGO, charitable or non-profit organization, what geographic locations are served?</p> <ul style="list-style-type: none"> <input type="radio"/> County <input type="radio"/> State <input type="radio"/> United States <input type="radio"/> International
<p>For NGO, charitable or non-profit organization, How does organization structured?</p> <ul style="list-style-type: none"> <input type="radio"/> Officers with regular meetings <input type="radio"/> Board <input type="radio"/> Steering Committee <input type="radio"/> Other _____ 	<p>For NGO, charitable or non-profit organization, where does the funding come from?</p> <ul style="list-style-type: none"> <input type="radio"/> Local donations <input type="radio"/> Statewide donations <input type="radio"/> National donations <input type="radio"/> International donations
<p>For NGO, charitable or non-profit organization, who is the volunteer base?</p> <ul style="list-style-type: none"> <input type="radio"/> Local individual in the county <input type="radio"/> Statewide volunteers <input type="radio"/> National volunteers <input type="radio"/> International volunteers 	

SECTION SIX		ESTIMATED ACCOUNT ACTIVITIES	
TYPE OF ACTIVITY	ESTIMATED MONTHLY TRANSACTION AMOUNT	ESTIMATED MONTHLY NUMBER OF TRANSACTION	SOURCE OF DEPOSIT / PURPOSE OF WITHDRAWAL (check all that apply)
CASH DEPOSITS			Source:
CASH WITHDRAWALS			Purpose:
AUTOMATIC CREDITS (ACH CREDITS)			<input type="checkbox"/> Vendor Receipts <input type="checkbox"/> Merchant Processing <input type="checkbox"/> Transfers from other banks <input type="checkbox"/> Other _____
AUTOMATIC WITHDRAWALS (ACH DEBITS)			<input type="checkbox"/> Vendor Payments <input type="checkbox"/> Business Operating Expenses <input type="checkbox"/> Payrolls <input type="checkbox"/> Loan Payments <input type="checkbox"/> Other _____
CHECKS DEPOSIT			<input type="checkbox"/> Vendor Receipts <input type="checkbox"/> Transfers from other banks <input type="checkbox"/> Other _____
CHECKS ISSUED			<input type="checkbox"/> Vendor Payments <input type="checkbox"/> Business Operating Expenses <input type="checkbox"/> Payrolls <input type="checkbox"/> Other _____
ONLINE BANKING BILL PAY			<input type="checkbox"/> Business Operating Expenses <input type="checkbox"/> Other _____
INCOMING WIRE TRANSFERS			Purpose: Country(ies) remitted from:
OUTGOING WIRE TRANSFERS			Purpose: Country(ies) remitted to:
OTHER CREDITS			Comments:
OTHER DEBITS			Comments:

Bank Use Only	
Account opened by / Date _____	Reviewed for completion and approved by / Date _____



CERTIFICATION REGARDING UNLAWFUL INTERNET GAMBLING

The business entity identified below certifies that it does not engage in an Internet gambling business within the meaning of Federal Reserve Regulation GG (transactions in which funds are knowingly accepted in connection with participation by others in unlawful Internet gambling) .

Name of Business Entity _____

Account Number _____

Authorized Signature

Date