



CLIENT IDENTIFICATION PROFILE

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 a deposit or loan 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 may also ask to see your driver's license or other identifying documents.

Legal Business Name:	Tax ID Number:
Doing Business As (DBA) or Trade Name (if applicable):	Tax ID Number (DBA):
Business Physical Address: (no P.O. Boxes)	Business Phone:
Business Mailing Address: (if different from business street address - P.O. box okay)	Business Website:

Business Type: General Partnership Corporation Limited Liability Partnership (LLP) Limited Liability Company (LLC)
 Non-profit Organization Foreign (out of state) Business Other: _____

Account Type: <input type="checkbox"/> Analysis Checking <input type="checkbox"/> Analysis Checking + Interest <input type="checkbox"/> Analysis Super Savings	<input type="checkbox"/> Analysis Tiered Super Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Business Checking + Interest <input type="checkbox"/> Business Low Cost Checking	<input type="checkbox"/> Business Super Savings <input type="checkbox"/> Business Tiered Super Savings <input type="checkbox"/> Business Elite MMA <input type="checkbox"/> Business Savings	<input type="checkbox"/> Business Freedom Time Acct <input type="checkbox"/> Business No Risk CD <input type="checkbox"/> Business CD (Pledged) <input type="checkbox"/> Loan
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Nature of Business (check all that apply):
 Retail Wholesale Manufacturing Service Provider Transportation Utilities
 City/County/Government Real Estate Other: _____

Legal Entity Identifier? Yes No
 If Yes, provide identifier _____

COMPLETE ALL	INFORMATION FOR SIGNER 1	INFORMATION FOR SIGNER 2
Full Legal Name:		
You are: (Select all that apply)	<input type="checkbox"/> Beneficial Owner ____% <input type="checkbox"/> Signer <input type="checkbox"/> Guarantor <input type="checkbox"/> Control Person	<input type="checkbox"/> Beneficial Owner ____% <input type="checkbox"/> Signer <input type="checkbox"/> Guarantor <input type="checkbox"/> Control Person
Primary Identification (ID):	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Other: _____ ID #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Other: _____ ID #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____
Physical Address:		
Date of Birth & Place of Birth:	DOB: _____ Place of Birth: _____	DOB: _____ Place of Birth: _____
Mother's Maiden Name:		
Social Security/Tax ID No:		
Day Time Phone:	<input type="checkbox"/> Cell _____ <input type="checkbox"/> Business _____	<input type="checkbox"/> Cell _____ <input type="checkbox"/> Business _____
E-mail Address:		
Occupation/Job Title:		

COMPLETE ALL	INFORMATION FOR SIGNER 3	INFORMATION FOR SIGNER 4
Full Legal Name:		
You are: (Select all that apply)	<input type="checkbox"/> Beneficial Owner ____% <input type="checkbox"/> Signer <input type="checkbox"/> Guarantor <input type="checkbox"/> Control Person	<input type="checkbox"/> Beneficial Owner ____% <input type="checkbox"/> Signer <input type="checkbox"/> Guarantor <input type="checkbox"/> Control Person
Primary Identification (ID):	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Other: _____ ID #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Other: _____ ID #: _____ Issued By: _____ Issue Date: _____ Expiration Date: _____
Physical Address:		
Date of Birth & Place of Birth:	DOB: _____ Place of Birth: _____	DOB: _____ Place of Birth: _____
Mother's Maiden Name:		
Social Security/Tax ID No:		
Day Time Phone:	<input type="checkbox"/> Cell _____ <input type="checkbox"/> Business _____	<input type="checkbox"/> Cell _____ <input type="checkbox"/> Business _____
E-mail Address:		
Occupation/Job Title:		



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Legal Business Name: _____

Persons opening an account on behalf of a legal entity must provide the following information. The following are defined as a legal entity: Corporations, Limited Liability Companies, Limit Partnerships, General Partnerships, Business Trusts & any entity created by a state office filing.

Additional Beneficial Owners:

Provide 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 this legal entity not identified on page 1.

- Not Applicable: If no individual meets this definition. No changes to report since the last Beneficial Ownership Certification was provided

Form with columns for Beneficial Owner 1, 2, 3, and 4. Fields include Full Legal Name, Primary Identification (ID), Physical Address, Date of Birth & Ownership %, and Social Security/Tax ID No.

Provide information for one individual with significant responsibility for managing the legal entity such as an executive officer or senior manager (CEO, COO, CFO, President, Managing Member, General Partner, Treasurer) or any other individual who regularly performs similar functions.

Form for Control Person with fields: Full Legal Name, Physical Address, Title, Primary Identification (ID), Date of Birth, Social Security/Tax ID No.

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

Certification (required):

Are any of the listed individuals or their immediate family members/relatives a Politically Exposed Person (PEP)? Yes No
If yes, what country?
Name of Political Figure:

I, _____ hereby certify, to the best of my knowledge, that the information provided above is complete and accurate and if any of the Beneficial Ownership information changes, this legal entity will immediately notify Sunwest Bank.

Signature: _____ Date: _____