



Client Information Profile – Legal Entity

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 (for an individual), and other information that will allow us to identify you. We may also ask to see you driver's license or other identifying documents.

A. ENTITY INFORMATION					
Legal Name*					
Phone Number(s)*		EIN/TIN*			
Physical Address* (No P.O. Box Addresses)	Street Address	City	State	Zip Code	
Mailing Address (if applicable)	Street Address	City	State	Zip Code	
Other Address (if applicable)	Street Address	City	State	Zip Code	
Website (if applicable)					
Doing Business As (if applicable)		DBA EIN (if applicable)			
Entity Type*	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Business Trust <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Government (Public Funds)	<input type="checkbox"/> Estate <input type="checkbox"/> Family Trust <input type="checkbox"/> Other (please identify) _____		
Nature of the Business*			NAICS Code		
Are you a Non-Bank Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Form: AML Program Certification		
Are you a Non-Government Organization (NGO) or charitable foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Form: NGO & Charity Questionnaire		
Do you have donors or volunteers from non-US locations? If yes, in which countries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a cash-intensive business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you own, operate, or replenish one or more ATMs? What source will be used for replenishing cash? (select all that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sunwest Bank account(s) <input type="checkbox"/> Another Financial Institution	<input type="checkbox"/> Business Revenue <input type="checkbox"/> Other	Additional Form: ATM Questionnaire
Are you a deposit broker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Form: AML Program Certification		
Are you a Money Services Business (MSB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	MSBs are currently a prohibited client type		
Are you an insurance firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you sell or distribute precious metals, stones, or jewels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a pawn dealer/broker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a Marijuana-Related Business (MRB)? Do you or your customers interact with, buy, sell or distribute marijuana-related products or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	MRBs are currently a prohibited client type
Do you sell, close, or settle real estate transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a travel agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does any portion of business income come from Internet gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a Property Management Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a Fiduciary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

*Required field

B. AUTHORIZED SIGNER INFORMATION

<input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____	Person's Name*		SSN/ITIN*		
	Title		Phone Number		
	Home Address* (No P.O. Box Addresses)				
	Email Address		Date of Birth*		
	Mother's Maiden Name		Place of Birth		
	Occupation		Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If PEP, list the Jurisdiction
	Personal Form of Identification* (e.g., driver's license, passport, state ID card, etc.)				
	ID Number		Issued By		
	ID Type		Issue Date	Expiration Date	

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	ID Number		Issued By	
	ID Type		Issue Date	Expiration Date

*Required field

C. CLIENT CERTIFICATION	
By signing this form, I hereby confirm, to the best of my knowledge, that the information provided above is complete and accurate.	
Name:	Title:
Signature:	Date:

BANK USE ONLY		
CIP Verified By (initials and date):	Qualifile Pass (initials and date):	ID Verify/OFAC Verified By (initials and date):
Data Input By (name):	New Account Audit/Approval (name & date):	Beneficial Ownership Verification (initials and date):
AML Risk Rating	<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High
Notes explaining why this Risk Rating was chosen:		