

Your Future Begins Today
with **RG BANK!**



Main Office:
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BUSINESS/ENTITY DEPOSIT ACCOUNT APPLICATION

USA PATRIOT ACT NOTICE: Important information about opening an account. To help the government fight the funding of terrorism and money laundering activities, the federal law requires all financial institutions to obtain, verify, and record information that identifies each person or entity who opens an 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 and your business. We may also ask to see your driver's license and/or other identifying documents.

Applicant/Business Entity Information:

Name of Natural Person Opening Account:		Title:	
Name of Business/Legal Entity:		Federal Tax ID or EIN:	
Business Type? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			
State Organized In:	Date Business Established:	Nature of the Business: (Specific Industry)	
Physical Address of Business:		City:	State:
Mailing Address of Business:		City:	State:
Name of Natural Person Responsible for Management of the Business:		Title of Natural Person Responsible for Management of the Business:	
Business Phone Number:		Business E-mail:	

Account Activity & Services Questionnaire:

Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> MMDA	Purpose of this account:	How will the account be funded? (Source of funds)
Do you plan to make cash deposits of \$5,000 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you plan to make cash withdrawals of \$5,000 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is more than one signature required for withdrawals on this account? <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____
Do you expect to use this account for any of the following? (Please check all that apply) <input type="checkbox"/> Payroll processing <input type="checkbox"/> Check deposits of more than \$5,000 <input type="checkbox"/> Direct deposits – Source(s): _____ <input type="checkbox"/> Mobile/Remote Deposit Capture - estimated monthly amount \$ _____ <input type="checkbox"/> Incoming Wires – Source: _____ <input type="checkbox"/> Outgoing Wires – Destination: _____ <input type="checkbox"/> Foreign Wires		
Is your business affiliated in any way to the growth, use, or distribution of marijuana, whether for medical or other purposes, or do/will you perform transactions that are in any way affiliated with the marijuana industry through his account?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your business affiliated in any way to the growth, use, or distribution of hemp, or do/will you perform transactions that are in any way affiliated with the hemp industry through his account?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a third-party payment processor?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your business participate in internet gambling?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a money services business (MSB) and/or is there or will there be an ATM on-site?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you cash checks (i.e. accept a check in exchange for cash)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Will you sell, buy, or exchange currency, including virtual currency?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this a COLTAF (Colorado Lawyer Trust Account Foundation) account?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is your organization a Political Action Committee (PAC)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered "Yes" to any of the nine questions above, please provide additional details as to the nature of your business:		
Please tell us about your customer base (check all that apply): <input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> Multi-state <input type="checkbox"/> Country-wide <input type="checkbox"/> International <input type="checkbox"/> Web-based <input type="checkbox"/> Other: _____		
Are you interested in merchant services (Visa/MasterCard)? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Account Authorized Signer Information

Individual information is required for all officers/members/partners with 20% or more ownership of the business

Authorized Signer 1	Full Legal Name:			Date of Birth:	
	Physical Address:		City:	State:	Zip:
	Social Security Number:		Birthplace (City & State):		
	Phone Number:	E-mail:		Mother's Maiden Name:	
	ID Number:	Issuing State/Entity:	Issue Date:	Expiration Date:	
	Current Employer:	Position/Title:		Work Phone Number:	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Ownership of the business: <input type="checkbox"/> _____ % <input type="checkbox"/> None – Relationship to Business: _____		

Authorized Signer 2	Full Legal Name:			Date of Birth:	
	Physical Address:		City:	State:	Zip:
	Social Security Number:		Birthplace (City & State):		
	Phone Number:	E-mail:		Mother's Maiden Name:	
	ID Number:	Issuing State/Entity:	Issue Date:	Expiration Date:	
	Current Employer:	Position/Title:		Work Phone Number:	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Ownership of the business: <input type="checkbox"/> _____ % <input type="checkbox"/> None – Relationship to Business: _____		

Authorized Signer 3	Full Legal Name:			Date of Birth:	
	Physical Address:		City:	State:	Zip:
	Social Security Number:		Birthplace (City & State):		
	Phone Number:	E-mail:		Mother's Maiden Name:	
	ID Number:	Issuing State/Entity:	Issue Date:	Expiration Date:	
	Current Employer:	Position/Title:		Work Phone Number:	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Ownership of the business: <input type="checkbox"/> _____ % <input type="checkbox"/> None – Relationship to Business: _____		

Authorized Signer 4	Full Legal Name:			Date of Birth:	
	Physical Address:		City:	State:	Zip:
	Social Security Number:		Birthplace (City & State):		
	Phone Number:	E-mail:		Mother's Maiden Name:	
	ID Number:	Issuing State/Entity:	Issue Date:	Expiration Date:	
	Current Employer:	Position/Title:		Work Phone Number:	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Ownership of the business: <input type="checkbox"/> _____ % <input type="checkbox"/> None – Relationship to Business: _____		

Certification and Agreement:

By signing below, I/we hereby certify that the information contained on this form is true, correct, and complete and I/we authorize RG Bank to obtain any account verification information relating to this application from any source, including a consumer reporting agency.

Under the penalties of perjury, I/we certify that each of the persons who sign below is duly authorized to act with respect to transacting on the account(s) and RG Bank is authorized to act in all matters relating to the account(s) upon the order of any one of the persons who sign below, until RG Bank receives written instructions to the contrary. Changes in ownership require a revision on the account. Changes to the ownership require a managing partner, managing member, or executive officer authorization. In no way will RG BANK be held liable for acting on the instruction of any individual its records reflect as being authorized on this account. If the bank believes there is a conflict amongst the account owners, RG BANK has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless of any resulting consequences. Further, each and all who sign this form assumes full responsibility for enforcing the provisions of any operating or other agreement pertaining to the business and agrees that RG BANK shall in no event be liable for its contents. In addition, each certifies that all necessary steps have been executed to legally establish the business referenced above, all partners in the partnership, all members of the limited liability company, or stockholders of the corporation, as applicable, are also applicants to the bank, transactions between this account and any other bank customers will only be performed upon written request.

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credits, funds, instruments, or other proceeds from another person in connection with unlawful internet gambling.

As an Officer or Owner of _____ (entity name), I/we acknowledge that by maintaining an account with RG Bank, I/we agree not to conduct internet gambling business (legal or illegal). We further agree that we will not now, nor will we in the future, conduct transactions through this, or any other RG BANK account, that are affiliated with the marijuana industry.

By signing below, I/we agree to the terms above. I/we agree to notify RG Bank immediately if there are changes to any of the information contained within this application.

<i>Signature of Authorized Signer 1</i>	<i>Date</i>	<i>Signature of Authorized Signer 2</i>	<i>Date</i>
<i>Signature of Authorized Signer 3</i>	<i>Date</i>	<i>Signature of Authorized Signer 4</i>	<i>Date</i>