

Your Future Begins Today!



Main Office:
901 First Avenue
PO Box 29
Monte Vista, CO 81144
719.852.5933

Business/Entity Deposit Account Application

Thank you for your interest in a Business/Entity deposit account with RG Bank! Below is information related to opening a business account with us. Please review the following information carefully. A business account cannot be opened without a completed application and the required documentation.

RG Bank is required, by federal law, to obtain, verify and record information that identifies each business or individual opening an account. We will ask for your business's legal name, any beneficial owner information, business address, TIN/EIN, and phone number. Please note:

- ❖ Your business account must be opened under an EIN assigned to the business entity; and
- ❖ The account name must match that for which the EIN has been assigned and that which has been registered with the Secretary of State.

Required documentation checklist:

- Completed and signed Business/Entity Deposit Account Application
- Acknowledgement of registered name from Secretary of State (e.g., Certificate of Good Standing)
- Copy of IRS letter evidencing assignment of EIN
- Evidence that your formation documents exist (e.g., pages showing the formation date and signatory authorizations of your Operating Agreement, Partnership Agreement, or By Laws).

Our team of Customer Service Representatives is here to assist you in any way we are able. If you have any questions as you review this information and application, please do not hesitate to reach out to us!

Monte Vista

Chris Luna
Sarah Eysler
Lisbet Robles

Alamosa

Debbie Bobicki
Rene Stewart
Brittany Quintana

Pagosa

Stephanie Lucero

Please note that RG Bank does not currently open accounts for the following business/entities. By continuing with this application, you are certifying that you do not now, nor will you in the future, participate in activities related to:

- **Marijuana-Related Business:** While the growth, sale, and/or distribution of marijuana are legal in some states, as a federal banking institution, we are unable to provide banking services to this industry by virtue of these activities being against federal law.
- **Internet Gambling Business:** The Illegal Internet Gambling Act of 2006 prohibits certain transactions related to internet gambling.
- **Money Service Business (MSB):** At this time, we are unable to support the types and volume of transactions generally required by an MSB, nor can we maintain the degree of oversight required of a financial institution maintaining accounts for MSBs.

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



Main Office:
901 First Avenue
PO Box 29
Monte Vista, CO 81144
719. 852.5933

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, copy or scan 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 (including DBA):		Federal Tax ID or EIN:
Business Email:	Business Phone Number:	
Physical Address of Business:	Mailing Address of Business: <input type="checkbox"/> Same	
Business Type? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____		
Nature of the Business: (Specific Industry)		
Person Responsible for Management of the Business: (Control Party)		Title:

Account Activity & Services Questionnaire:

Type of account: (Non-Interest Checking Only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> MMDA	Purpose of this account:	Initial Deposit/ Source of Deposits:
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 – Sources: _____ <input type="checkbox"/> Mobile Deposits-estimated monthly amount \$_____ <input type="checkbox"/> Regular Incoming Wires- Sources: _____ <input type="checkbox"/> Regular Outgoing Wires – Destination: _____ <input type="checkbox"/> Regular Foreign Wires – Destination: _____		
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 two party checks for customers?		<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: _____		
Will you be using a 3rd Party Credit Card Processing Service? <input type="checkbox"/> No <input type="checkbox"/> Yes- Name of Company _____		

Account Authorized Signer Information

Individual information and acknowledgement are required for all officers/members/partners with 25% or more ownership of the business and have to be listed on the Certificate of Beneficial Ownership .

Authorized Signer 1	Full Legal Name:		Preferred Name:		SSN: <input type="checkbox"/> on file	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file
	Mother's Maiden Last Name: <input type="checkbox"/> on file		Email Address: <input type="checkbox"/> on file			ID Number: <input type="checkbox"/> on file
	Date Issued:	Issuing State:		Expiration Date:	Current Employer: (if retired list last employer)	
	Job Title/Position: (if retired list last position)		Physical Address:		City:	State:
	Mailing Address: <input type="checkbox"/> Same as Physical		City:		State:	Zip:
	Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file			Work Phone Number: <input type="checkbox"/> on file
	Do you have ownership of the business: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No – Title at business: _____					

Authorized Signer 2	Full Legal Name:		Preferred Name:		SSN: <input type="checkbox"/> on file	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file
	Mother's Maiden Last Name: <input type="checkbox"/> on file		Email Address: <input type="checkbox"/> on file			ID Number: <input type="checkbox"/> on file
	Date Issued:	Issuing State:		Expiration Date:	Current Employer: (if retired list last employer)	
	Job Title/Position: (if retired list last position)		Physical Address:		City:	State:
	Mailing Address: <input type="checkbox"/> Same as Physical		City:		State:	Zip:
	Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file			Work Phone Number: <input type="checkbox"/> on file
	Do you have ownership of the business: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No – Title at business: _____					

Authorized Signer 3	Full Legal Name:		Preferred Name:		SSN: <input type="checkbox"/> on file	
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file
	Mother's Maiden Last Name: <input type="checkbox"/> on file		Email Address: <input type="checkbox"/> on file			ID Number: <input type="checkbox"/> on file
	Date Issued:	Issuing State:		Expiration Date:	Current Employer: (if retired list last employer)	
	Job Title/Position: (if retired list last position)		Physical Address:		City:	State:
	Mailing Address: <input type="checkbox"/> Same as Physical		City:		State:	Zip:
	Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file			Work Phone Number: <input type="checkbox"/> on file
	Do you have ownership of the business: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No – Title at business: _____					

Authorized Signer 4	Full Legal Name:		Preferred Name:		SSN: <input type="checkbox"/> on file			
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file		
	Mother's Maiden Last Name: <input type="checkbox"/> on file		Email Address: <input type="checkbox"/> on file			ID Number: <input type="checkbox"/> on file		
	Date Issued:		Issuing State:		Expiration Date:		Current Employer: (if retired list last employer)	
	Job Title/Position: (if retired list last position)		Physical Address:		City:		State:	Zip:
	Mailing Address: <input type="checkbox"/> Same as Physical				City:		State:	Zip:
	Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file			Work Phone Number: <input type="checkbox"/> on file		
	Do you have ownership of the business: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No – Title at business: _____							

Authorized Signer 5	Full Legal Name:		Preferred Name:		SSN: <input type="checkbox"/> on file			
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file		
	Mother's Maiden Last Name: <input type="checkbox"/> on file		Email Address: <input type="checkbox"/> on file			ID Number: <input type="checkbox"/> on file		
	Date Issued:		Issuing State:		Expiration Date:		Current Employer: (if retired list last employer)	
	Job Title/Position: (if retired list last position)		Physical Address:		City:		State:	Zip:
	Mailing Address: <input type="checkbox"/> Same as Physical				City:		State:	Zip:
	Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file			Work Phone Number: <input type="checkbox"/> on file		
	Do you have ownership of the business: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No – Title at business: _____							

Authorized Signer 6	Full Legal Name:		Preferred Name:		SSN: <input type="checkbox"/> on file			
	What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file		
	Mother's Maiden Last Name: <input type="checkbox"/> on file		Email Address: <input type="checkbox"/> on file			ID Number: <input type="checkbox"/> on file		
	Date Issued:		Issuing State:		Expiration Date:		Current Employer: (if retired list last employer)	
	Job Title/Position: (if retired list last position)		Physical Address:		City:		State:	Zip:
	Mailing Address: <input type="checkbox"/> Same as Physical				City:		State:	Zip:
	Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file			Work Phone Number: <input type="checkbox"/> on file		
	Do you have ownership of the business: <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No – Title at 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 (s) or Owner (s) of _____ (entity name), I/we acknowledge that by maintaining an account with RG Bank, I/we agree and certify that the business entity identified above does not to engage in an internet gambling business within the meaning of Federal Reserve Regulations GG. 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 Signer 1</i>	<i>Date</i>	<i>Signature of Signer 2</i>	<i>Date</i>
<i>Signature of Signer 3</i>	<i>Date</i>	<i>Signature of Signer 4</i>	<i>Date</i>
<i>Signature of Signer 5</i>	<i>Date</i>	<i>Signature of Signer 6</i>	<i>Date</i>

DEBIT CARD APPLICATION

I would like to apply for a debit card through my account at RG Bank. I agree that if I use my debit card or checking account, I will be subject to the terms and charges specified in the Account Agreement and Disclosures, which have been provided to me. I understand that this offer is for a Debit Card(s), which will automatically pay for purchases and cash advances, directly from my checking account. Such payments and cash advances are subject to the available balance of my checking account and any overdraft protection I may have. I certify that I am 18 years of age or older and that the information provided in my application is accurate.

Please note: Debit Cards typically arrive in the mail within 7-10 business days.

<i>Signature of Control Party</i>	<i>Date</i>	<i>Authorized Card User 1</i>	<i>Last 6 digits of card</i>
<i>Authorized Card User 2</i>	<i>Last 6 digits of card</i>	<i>Authorized Card User 3</i>	<i>Last 6 digits of card</i>

Bank Use Only

Date account opened in CIM: _____ Account Number: _____ Product Code: _____
NEW MONEY: CSR Initials: _____

OFAC CHECKS

Business: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____
Signer 1: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____
Signer 2: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____
Signer 3: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____
Signer 4: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____
Signer 5: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____
Signer 6: _____	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Results _____

Business Account Checklist

ChexSystems: ***REQUIRED FOR ALL Beneficial Owners** (Do not run Chex Systems on the business name)

Was derogatory information identified in the report? No Yes → Supervisor's Initials _____

Reason for approval: _____

ChexSystems: CSR must note all areas that failed or did not match report.

For new authorized signers:

Did authorized signers provide a valid, unexpired form of photo identification? Yes

Proof of address attached: (must supply an approved form of address verification if address is not listed on valid ID)

For the new account:

For 2 Signatures Required, was Restrictions & Warnings code applied to this account? Yes

Does account holder want checks? No Yes Ordered

Does account holder want a debit card? No Yes Ordered

Obtained copy of Certificate of Good Standing or Trade Name Yes

Obtained Organizational Documents to confirm ownership Yes (Note: If Corporation or Non-Profit, must obtain By Laws)

Obtained verification of EIN (letter or IRS confirmation) Yes

Obtained proof of address for business Yes