



UTAH INDEPENDENT BANK BUSINESS CUSTOMER INFORMATION

| Legal Name of Business: | | | | | | | | | | | | | | | |
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| Physical Address of Business: _____ _____ Mailing Address of Business: _____ _____ Business Telephone: _____ Business Cell Phone: _____ Business Fax: _____ Business E-mail: _____ | | TIN: _____ What is the status of the business? (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Non-Profit <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) Date of Resolution: _____ (attach a copy of partnership, articles, or resolution) | | | | | | | | | | | | | |
| Business Officers (list name and title): | | | | | | | | | | | | | | | |
| Name | Title | Name | Title | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Authorized Signers on Account (name and title): | | | | | | | | | | | | | | | |
| Name | Title | Name | Title | | | | | | | | | | | | |
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| What is the nature of the business? _____ _____ | | | | | | | | | | | | | | | |
| What are the anticipated daily needs? (deposit volume and currency requirements) _____ _____ | | | | | | | | | | | | | | | |
| Do you anticipate sending or receiving wire transfers? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | |
| Is your business a Money Service Business (MSB)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | |
| If yes, is the business registered with FinCEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach verification) | | | | | | | | | | | | | | | |
| UNLAWFUL INTERNET GAMBLING TRANSACTIONS PROHIBITED. As a commercial customer, by signing below you certify that you are not now engaged in, and during the life of your account relationship, will not engage in any activity or business that is unlawful under the Unlawful Internet Gambling Enforcement Act of 2006 "UIGEA". You agree that if anyone asks us to process a transaction that we believe is restricted under the UIGEA we may block the transaction and take any other action we deem to be reasonable under the UIGEA. Customer Signature: _____ | | | | | | | | | | | | | | | |
| References: (list three) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: left;">Name</th> <th style="width: 33%; text-align: left;">Address</th> <th style="width: 33%; text-align: left;">Phone</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | | | | Name | Address | Phone | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Address | Phone | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | |

FOR BANK USE ONLY

| | | | |
|-----------------------------------------------------------------------|-----------------|----------------------------------------------|-----------------|
| <i>OFAC Verification Complete</i> | <i>Initial:</i> | <i>Physical Address Verified</i> | <i>Initial:</i> |
| <i>Obtained documentation of entity's existence and good standing</i> | <i>Initial:</i> | <i>References have been verified</i> | <i>Initial:</i> |
| <i>Obtained beneficial ownership on entity</i> | <i>Initial:</i> | <i>Obtained CIP on all Beneficial Owners</i> | <i>Initial:</i> |

| | |
|------------------------------|--------------|
| Employee's Signature: | Date: |
|------------------------------|--------------|