Shell Lake State Bank

Business Deposit Account Application

1. Information

Name of Legal Entity:_____
Physical Address:_____
Mailing Address (if different):_____
Entity Phone Number:_____
Entity Email Address:_____
EIN Number:_____
Website address:_____
Type of Legal Entity: ___Corp, ___LLC,___Partnership,___Sole Proprietorship,___Non-profit, ___Agent,___Trust,___Estate,___Other_____
What does the Business do? _____

Please check and specify type of business:

___Retail:_____ _____Wholesale:_____

___Manufacturing:_____ _____Service Provider*:_____

___Import or Export:_____To/From Country(ies):_____

What is the Expected Annual Revenue? _____

Where is the entity currently banking? _____

What Countries does the business operate in? _____

What States does the business operate in? _____

Where are your customers located?_____

What is the purpose of the account (Operations, Payroll, etc)?_____

Does any part of income come from marijuana/hemp related income? ___Yes or ___No

If "Yes," how much? (Sale of CBD Oil, Paraphernalia, Hemp, etc.)_____

Other Bank Services Customer is Interested in:

_____

(Loans, Letters of Credit, Cashier's Checks, etc.)

* Professional Service Providers include: Funds Managers, Insurance Agents, Investment Advisors, Lawyers, Doctors, Realtors, Accountants and Trust Managers.

2. **What is your expected account usage?**

What is your expected account usage?

Estimated Amount of Deposits per Month:

_____ $0-$2500 _____ $2501- $7500 _____$7501-$15,000

_____ $15,001-$30,000 _____ $30,001-$75,000 _____; 75,000+

Estimated % of each deposit category

_____ % Cash

_____ % Checks

_____ % ACH

_____ % Domestic Wires Please list the frequency and State of origin:_____

_____ % International Wires Please list the frequency and Country of origin:_____

Estimated Amount of Checks/Withdrawals per Month:

_____ $0-$2500 _____ $2501- $7500 _____$7501-$15,000

_____ $15,001-$30,000 _____ $30,001-$75,000 _____; 75,000+

Estimated % of each withdrawal category

_____ % Cash

_____ % Checks

_____ % ACH

_____ % Cashier's Checks or Money Orders

_____ % Domestic Wires Please list the frequency and State of origin:_____

_____ % International Wires Please list the frequency and Country of origin:_____

3.Types of Products Anticipated

____ Checking, ____ Savings, ____MMA, ____CD,____ Business Loan,____ Other

Specialized Business Types

Is the customer a professional service provider?___ Yes or___ No

Is this account an IOLTA (Interest on Lawyers Trust Account) account? ___Yes or ___No

Internet Gambling Questions

Does your company have any games or financial activities on its website? ___Yes or ___No

Money Service Business Questions

Does your company cash checks in amounts over $1000? ___Yes or ___No

Does your company issue cashier's checks or money orders over $1000? ___Yes or ___No

Does your company exchange currency over $1000? ___Yes or ___No

Do you transmit currency, including virtual currency, at any dollar amount? ___Yes or ___No

Do you sell prepaid cards? ___Yes or ___No

If yes you must register as an MSB with fincen.gov. (Excludes: HSA, HRAs, FSAs, closed loop under $2000, cards that are over $1000 but are not reloadable, cards that do not allow international transactions.)

If so, provide: • Copy of AML Policy • Copy of Registration with FinCEN • Account Statements from your Previous Bank.

Privately Held ATMs (Complete when you have an ATM on premise not owned by a bank)
Does the business have any private ATM machines located on the premises? ___Yes or ___No

If yes, does your business own or lease from another contractor? We will need:

- Copy of the ATM agreement with sponsoring entity
- Exact physical location(s) of the ATM(s):_____
- Copy of state registration (if required by state)
- Copy of three months ATM activity statements
- Description of currency servicing arrangements including how is cash being replenished (store proceeds, armored car, etc):_____
- Anticipated monthly volume of cash added to the ATM: _____
- Anticipated monthly volume of withdrawals from the ATM:_____

Nongovernment Organizations (Charities, nonprofit, clubs, civic organizations, campaigns)
What is the purpose of your nonprofit organization?

_____

_____

Where do the donations come from?

_____

_____

How is your organization structured?

_____

_____

Note: some are required to register at Secretary of State, if so a copy of the state registration

Marijuana/Hemp/CBD Related Questions

Is this business a marijuana-related business? ___Yes or ___No Hemp/CBD? ___Yes or ___No

Type of Business: _____

(Example: retail, dispensaries, cultivation, etc)

Approximate Annual Revenue: _____$_____

What percentage of your business is tied to marijuana business? ____% Hemp/CBD? ____%

What process is in place to make sure the marijuana or hemp/CBD business is licensed?

_____

Cryptocurrency Related Questions

Will you use cryptocurrency or accept payment via cryptocurrency? ___Yes or ___No

4. Documentation on Structure of the Business

Customer will provide domestic documents for business which began in this state. Foreign documentation if from another state. Customers who meet CIP documentation exemption are noted on exemption list. Obtain fictitious name when applicable. We may require ID on all signers.

Documentary verification:

- Sole Proprietorship: Government issued document, if required
- General Partnership: Partnership agreement (if any), Government issued document.
- Limited Liability Partnership: Partnership Registration, Partnership Agreement.
- Limited Partnership: Government issued document, Partnership Agreement.
- Limited Liability Company: Government issued document, Operating Agreement.
- Corporation: Government issued document, Articles of Incorporation, Minutes.

5. Complete for Legal Entities Registered at Secretary of State

Persons opening an account on behalf of a legal entity must provide the following information:

a) Name & Title of Person Opening Account:

_____

b) Name & Type of Legal Entity for Which the Account is Being Opened:

_____

c) Person opening account on behalf of a legal entity must provide the following information for all persons with a 25% or more ownership in the Entity, unless this is an existing account and the information previously obtained is still correct. *(If no individual meets this definition, please write "Not Applicable.")* *Continued on page 5.*

1.Legal Name:_____
Date of Birth _____ Copy of ID obtained ____Yes Online Access : Y / N
Physical Address:_____
Social Security Number:_____ % of Ownership:_____ Signer: Y / N

2. Legal Name:_____
Date of Birth _____ Copy of ID obtained ____Yes Online Access : Y / N
Physical Address:_____
Social Security Number:_____ % of Ownership:_____ Signer: Y / N

3. Legal Name:_____
Date of Birth _____ Copy of ID obtained ____Yes Online Access : Y / N
Physical Address:_____
Social Security Number:_____ % of Ownership:_____ Signer: Y / N

4. Legal Name:_____
Date of Birth _____ Copy of ID obtained ____Yes Online Access : Y / N
Physical Address:_____
Social Security Number:_____ % of Ownership:_____ Signer: Y / N

Control Person: The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed above may also be listed in this section.

Name_____

Address_____

Date of Birth_____

*Social Security Number_____

Is any Authorized Signer a Politically Exposed Person* (PEP)? _____Yes or _____No
*A Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions, including a head of state or government; senior politician; a senior government, judicial, or military official; senior executive of a publicly-owned corporation; and important political party official.
If "Yes," Signer's Name:_____

Country Affiliation:_____

Position/Title:_____

Authorized Signer(s) not Included Above:

1.Legal Name:_____
Date of Birth _____ Social Security Number:_____
ID/Driver's License Number:_____Copy of ID obtained ____Yes
Physical Address:_____
Phone Number:_____ Email Address:_____
Current or most recent occupation if retired:_____
Mother's Maiden Name:_____ Online Access : Y / N

2.Legal Name:_____
Date of Birth _____ Social Security Number:_____
ID/Driver's License Number:_____Copy of ID obtained ____Yes
Physical Address:_____
Phone Number:_____ Email Address:_____
Current or most recent occupation if retired:_____
Mother's Maiden Name:_____ Online Access : Y / N

3. Legal Name:_____
Date of Birth _____ Social Security Number:_____
ID/Driver's License Number:_____Copy of ID obtained ____Yes
Physical Address:_____
Phone Number:_____ Email Address:_____
Current or most recent occupation if retired:_____
Mother's Maiden Name:_____ Online Access : Y / N

4. Legal Name:_____
Date of Birth _____ Social Security Number:_____
ID/Driver's License Number:_____Copy of ID obtained ____Yes
Physical Address:_____
Phone Number:_____ Email Address:_____
Current or most recent occupation if retired:_____
Mother's Maiden Name:_____ Online Access : Y / N