

For Bank Use Only

Business Name

Account Number

Account Officer

Instructions

1. Assist customer in completing the account application, principally in the following **3** areas:

Explain products and services. It is important to align the customer's needs and expectations with our products and services. Not all customers will qualify, based on their business activity or industry, for all of the services we offer. This is also an opportunity to cross sell customer for services they may need and did not know we offer.

Define expected account activity. Ask questions about the business to determine the account activity level that will be expected from the business. (*Transactions for an operating account will be different than ones in a payroll account*) Remember, it is all in the delivery. We can use this opportunity to learn about their business in a friendly and respectful manner. This can be tricky as the customer may feel the questions are over-reaching or intrusive, however, we have to comply with BSA/AML requirements.

Define entity structure. Ask questions about the ownership structure so the beneficial ownership is addressed up front and the forms are completely correctly. If the business entity is owned by another entity then we have to obtain additional information to appropriately document the file. This applies to both loans and deposits. By using this opportunity to discuss the business in a friendly manner, we can mitigate the risk by knowing our customer while establishing a rapport with our customer.

2. Obtain any additional application forms required based on the products and services requested. For example, if the customer is requesting remote deposit capture then an additional agreement is required.
3. Complete the BSA/AML form (*Expected Transaction Activity & Beneficial Owner/Control*)
4. Complete the BSA Risk Assessment.
5. Complete the ATM Information Form, if applicable. (Obtain copies of ATM contract and photos)
6. Obtain the entity documentation.
7. Verify CIP for each individual and entity involved and sign off when completed.
8. Review the BDO section of the checklist to ensure application is complete.
9. Scan package and submit to Operations electronically.

Business Deposit Account Application

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 on personal accounts identifies each person who opens an account. In addition, on legal entity accounts, we will require identification on beneficial owners and controlling person.

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. We may also ask to see your driver's license or other identifying documents.

Account Information

Business Name		DBA (if applicable)		Date Established	
Address		City		State	Zip
Mailing Address (if different)		City		State	Zip
Business Phone		Business Website		Tax ID #	
Contact Name		Contact Email		Contact Phone	

Services Requested

PRODUCTS

- Checking – Free 50
- Checking – Interest First
- Checking – Optimized (Analysis)
- IOLTA Account
- Virtual Vault Checking**
- Business MMA

Certificate of Deposit Term _____ Month(s)

CD Interest Credit to:

- Compound (Add back to CD)
- Credit to Internal External Account (Enter RTN below)
- DDA SAV Acct# _____ Bank RTN _____

OTHER SERVICES

- On-line Banking
- Cash Management*
- Mobile Banking
- Debit Card*
- Checks
- ACH Origination**
- Remote Deposit Capture (RDC)*
- Wire Transfers*

*CBB Agreement Required

**Additional Approval Required

Business Type Information

Type of Business: (i.e. Retail, Wholesale, Manufacturing, Service Provider)		Number of locations: <i>Attach a list of location addresses.</i>	
Nature of the Business: (Please briefly describe what you do, your product or services)			What is the NAICS code?
Number of Employees:	#	Annual Revenues (Sales)	\$
Any likely seasonal factors? (tourists, summer or winter related business?)			

How were you introduced to California Business Bank?		
Does the business, principals or affiliates currently have accounts with CBB? <i>If yes, list accounts below. If no, please provide the last 3 months of bank statements from your current banking institution.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Account Name(s)	Account Number(s)	
List the Markets or Areas serviced:		
Does the Business/Entity serve International Markets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Business/Entity based out of a residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your business engage in Internet gambling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your business provide remittance services? Circle below if applicable. <i>(Check Cashing, Western Union, Money Orders, Prepaid/Payroll cards or similar services)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your business/profession in any of the following industries? Circle below if applicable. <i>(Casino/Card Club, Jewelry/Precious Metals, Travel Agency, Vehicle Seller, Pawn Broker, Loan/Finance Company)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the business engaged in or associated with the marijuana industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your business have an on-site ATM? <i>If yes, complete the Privately Owned ATM Info Form, provide copy of your ATM contract and photos.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your business incorporated in another state? <i>If yes, please provide filed authorization to conduct business in this state.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of the signers on the account hold or have they ever held political office in a foreign country? <i>If yes, please include the name(s) of signer(s) and name of country:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Business Entity

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> General Partnership (GP)	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> IOLTA

Account Expected Transaction Activity

Purpose of Account: General/Operating Payroll Other (Specify Wires, Escrow, etc.) _____

Transaction Types	# per month	Total Monthly Amount	Sources
Check Deposits (RDC/Mobile)		\$	
Cash Deposits		\$	
Cash Withdrawals		\$	
Automatic Credits (ACH)		\$	
Automatic Debits (ACH)		\$	
Incoming Wires		\$	
Outgoing Wires		\$	
International (list Countries)		\$	

Please provide names of primary trade partners if applicable (i.e. Buyers, Suppliers, Distributors, Creditors...etc.)

Business Structure and Ownership Information

This section must be completed by the person opening the account on behalf of the account holder.

Name of person opening the account: _____

Name of Legal Entity for which the account is being opened: _____

Step 1: Significant Responsibility

Please provide the following information for one individual with significant responsibility for managing the legal entity named above such as an executive officer or senior manager (e.g. Chief Executive Officer, President, Executive Vice president, Vice President, Chief Financial Officer, Chief Operations Officer, Managing Member, or General Partner) or any other individual who performs similar functions.

Note: If applicable, this person may be one of the owners listed on page 3.

Name	
Title	
Home Street Address (Not a P.O. Box)	
Home City, State, Zip	
Home Phone Number	
Work Phone Number	
Cellular Phone Number	
Social Security Number (for U.S. persons)	
Date of Birth	
Passport number and country of issuance (for foreign person)	
Government Issued Identification #	
Issue Date	
Expiration	

Step 2: Ownership

Please list each individual owner (if any) who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **25%** of the equity interests of the legal entity listed above.

Note: If any percentage of ownership is owned by any entity other than an individual (natural person), please complete an additional ownership worksheet for every non-natural person owning **25%** or more.

Business Name				
	Owner #1	Owner #2	Owner #3	Owner #4
Name				
Title				
% of Ownership				
Home Street Address (Not a P.O. Box)				
Home City, State, Zip				
Mailing Street Address (If different)				
Mailing City, State, Zip				
Home Phone Number				
Work Phone Number				
Cellular Phone Number				
Social Security Number (for U.S. persons)				
Date of Birth				
Passport No & Country issued (for foreign persons)				
Identification Issuing Agency				
Government Issued Identification #				
Issue Date				
Expiration date				
City & State of Birth				
Mother's Maiden Name				
Will you be an authorized signer on the account?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I, _____ (insert name of person and title authorized by business entity) hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

X _____

Date: _____

Please print name: _____

Please print title: _____

Step 3: Authorized Signers: Please complete the worksheet below for all authorized signers that are NOT listed as owners on page 6.

Authorized Signers (All authorized signers that are NOT owners listed above)				
	Authorized Signer #1	Authorized Signer #2	Authorized Signer #3	Authorized Signer #4
Name				
Title				
Role in Business				
Home Street Address				
Home City, State, Zip				
Mailing Street Address (If different)				
Mailing City, State, Zip				
Home Phone Number				
Work Phone Number				
Cellular Phone Number				
Social Security Number				
Date of Birth				
Identification Issuing Agency				
Government Issued Identification #				
Issue Date				
Expiration date				
City & State of Birth				
Mother's Maiden Name				

NAICS CODE: _____

BSA/AML DEPOSIT Risk Rating Analysis

NAICS Code (2007) website: <http://www.census.gov/eos/www/naics/>

- Is customer a **prohibited** High Risk Industry business - Check Cashing; Currency Exchanger; Money Service Business (MSB)? _____ If yes, then **do not open the account as it is prohibited by bank policy.**
- If you answered "No" to question #1 above, then proceed with assessing a BSA Risk Rating of the business account below.

Industry Risk Score Chart		
Automatic High Risk Industry = 9		
Do not open the account without prior approval of President, BSA Officer, or Chief Compliance Officer per bank policy.		
Off Shore Corporation	Non-Governmental Organization / Charity / Non-Profit (Foreign)	Wire (money) Transmitter
High Risk Industry Score = 7		
Accountants and Bookkeepers	Gas Stations	Parking Garages
Airplane Dealers (New and Used)	Fire arms and Ammo	Other Non-Bank Financial Institutions
Attorneys and Paralegals	Heavy Equipment Sales (New and Used)	Pawn Brokers
Automobile Sales (New and Used)	Import/Export Companies	Restaurants
Casinos and Card Clubs	Investment Brokers and Advisors	Ship, Bus, and Plane Operators
Convenience/Liquor Store	Jewel, Gem, or Precious Metal Dealers	Travel Agencies
Doctors, Physicians, and Nurse Practitioners	Machine Parts Manufacturers	Trucking Companies
Farm Equipment Sales (New and Used)	Motorcycle Dealers (New and Used)	
Medium Risk Industry Score = 6		
1031 Exchange Accommodators	Hotels/Motels	Retail Stores
Auctioneers	Large Vehicle Dealers (RV, Trailers, ATVs,	Salvage/Recycling
Boat Dealers (New and Used)	Leather Goods Store	Telemarketers
Brokers/Dealers (including Insurance)	Non-Gov. Org / Charities / Non-Profits	Wholesale Distributors
Deposit Brokers	Property Management	
Low Risk Industry = 0		
All other industries		
Industry Score from Chart above:		Industry Score:
		Circle Y/N - Enter Pts
* The term "local" refers to CBB's Core or Expanded Service Area.		
1.	Are business locations local?	Y = 0 N = 1
2.	Are major customers local?	Y = 0 N = 1
3.	Do owners reside locally?	Y = 0 N = 1
4.	Is business older than 2 years? (If not original owner, date of purchase. ____/____/____)	Y = 0 N = 1
5.	Does business operate in local trade area?	Y = 0 N = 1
6.	Is Business an International Entity?	Y = 6 N = 0
7.	Will Business send/receive International Wire Transfers?	Y = 6 N = 0
8.	Is stated cash volume inappropriate for business?	Y = 6 N = 0
9.	Is stated wire activity volume inappropriate for business?	Y = 6 N = 0
10.	Are monthly cash transactions > \$15,000?	Y = 6 N = 0
11.	Are ACH transactions (incoming/outgoing) inappropriate for business?	Y = 6 N = 0
BSA RISK RATING		Total points (including the industry score) and enter here →
SCORE	RATING	
0 - 3	Low	
4 - 8	Medium	
9 and above	High	

Note: You must copy the BSA Officer with the electronic submission of any Medium or High Risk Account

Risk Rating Performed By:

Employee Name	Signature	Date
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For Bank Use Only

Business Name	Account Number	Account Officer
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Application Checklist

				BDO	OPS
1.	Application completed, reviewed for accuracy, completion and signed by customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.	Ownership identified correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.	Complete entity documentation obtained and reviewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.	CIP completed, reviewed, verified and signed by bank employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.	BSA/AML Risk Analysis completely correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.	Review questionnaire (Internet gambling, Marijuana, Remittance industries)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.	Conduct site visit for all cash intensive businesses (ideally with photos of store front and Private ATM).	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.	On-site ATM on premises? If YES, are <u>required forms</u> received? <input type="checkbox"/> PATM Form, <input type="checkbox"/> Copy of ATM Contract and <input type="checkbox"/> Site visit <u>with photos</u> . If NO, (<i>No ATM is on site and is confirmed via site visit photos</i>) check N/A	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>		
9.	Have 3 months of bank statements been collected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If any question is answered "No", please provided explanation below:					
No.					
No.					

If BSA Risk Rating is "Medium" or "High", BSA Officer MUST be notified PRIOR to opening the account

Name of BDO	Signature	Date
Name of Ops	Signature	Date
BSA Review (when applicable)	Signature	Date

Note: Package must be scanned and submitted electronically to operations. If medium or high risk please copy BSA officer on application submission. If package is incomplete, the application will not be accepted and returned the submitting officer.