FARMERS state bank

Westmoreland · Manhattan · Onaga

BANK with FARMERS.COM

BUSINESS CUSTOMER APPLICATION

BUSINESS CONTACT INFORMATION

Business Name: _____

New Customer: ☐ **Yes** ☐ **No**

Physical Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **ZIP Code:** _____

Business Phone: _____ **Cell Phone:** _____

Fax Number: _____ **Website:** _____

Email Address: _____

BUSINESS INFORMATION

EIN or TIN: _____

☐ Sole Proprietorship ☐ Partnership* ☐ Corporation* ☐ LP/LLP/LLC* ☐ Trust

☐ Unincorporated Association/Organization ☐ Non-Profit Entity* ☐ Other: _____

** Certification of Beneficial Owners completed* ☐ (For Bank Use Only)

Nature of Business: _____

Does the Business act as a Money Service Business (MSB) or provide MSB services such as check cashing, money transmissions, money orders/stored value card sales? ☐ Yes ☐ No

Does the Business own or operate an ATM? ☐ Yes ☐ No

Does the Business participate in selling, buying or exchanging cryptocurrency? ☐ Yes ☐ No

Does the Business sell or grow hemp or offer any CBD products? ☐ Yes ☐ No

If yes, does the product contain THC concentration higher than 0.3% or 0.4mg per container for consumable hemp products? ☐ Yes ☐ No

Does the Business process or engage in Internet Gambling Transactions? ☐ Yes ☐ No

NOTE: FSB will NOT allow use of any accounts for Unlawful Internet Gambling.

ACCOUNT INFORMATION

Purpose of the Account: ☐ Operating ☐ Payroll ☐ Savings ☐ Other: _____

Anticipated Deposit Frequency: ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other: _____

Deposit Types: ☐ Checks ☐ Direct Deposit (ACH) ☐ Wires ☐ Cash (*if checked, see below*)

If cash, average amount of cash per month: ☐ Less than $3,000 ☐ $3,000-$10,000 ☐ Greater than $10,000

If cash, average number of cash deposits per month: ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21 or more

Will you have checks cashed or cash withdrawals? ☐ Yes ☐ No

If yes, average amount of cash per month: ☐ Less than $3,000 ☐ $3,000-$10,000 ☐ Greater than $10,000

If yes, average number of checks cashed/cash withdrawals per month: ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21+

Describe any seasonal fluctuations in business or activity:

SIGNATURE AGREEMENT

I certify that everything I have stated on this application and on any attachment, is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit and address information if my financial condition changes.

SIGNATURES

Applicant Signature: _____

Date: _____

For Bank Use Only:

Branch: _____ CSR: _____ Risk Rating: _____

Identification Copies: Resolution: _____ Certificate of Good Standing: _____

EIN Documents: _____ Articles or Agreements: _____

OFAC: _____ Address Verification: _____

REQUIRED DOCUMENTATION FOR VERIFICATION BY BUSINESS CLASSIFICATION
(must be submitted with business application)**:**

Sole Proprietorship:

- Proprietor's Social Security Card or W-9
- Resolution (if available)
- County Document (ie: appraiser's documents or tax statements)

Partnership:

- EIN Document from IRS
- County Document (ie: appraiser's documents or tax statements)
- Partnership Agreement (if informal partnership, CIP the partners)
- Resolution

Limited Partnership:

- EIN Document from IRS
- Secretary of State Document Identification
- Partnership Agreement
- Certificate of Limited Partnership
- Resolution

Corporation:

- EIN Document from IRS
- Secretary of State Document Identification
- Bylaws and Resolution or Certificate of Existence and Authority
- Articles of Incorporation

Limited Liability Corporation/Limited Liability Partnership:

- EIN Document from IRS
- Secretary of State Document Identification
- Operating Agreement and Resolution or Certificate of Existence and Authority
- Articles of Organization

Nonprofit Organization:

- EIN Document from IRS
- Bylaws and Resolution or Certificate of Existence and Authority
- Minutes

Estate Account:

- EIN Document from IRS
- Letters of Testamentary

Trust Account:

- Social Security Card or Trust's EIN
- Certification of Trust or Trust Documents

OTHER FORMS OF IDENTIFICATION IF APPLICABLE OR AVAILABLE:

- Certificate of Good Standing from Secretary of State's Office
- LLP Statement of Qualification
- Government-issued Business License

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified as Beneficial Owners. Regardless of the number of individuals identified, you must provide the identifying information of one individual as Controller. It is possible that in some circumstances the same individual might be identified as both (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual and up to five individuals (i.e., one individual as Controller and four 25 percent equity holders as Beneficial Owners).

The financial institution may also ask for a copy of a driver's license or other identifying document for each beneficial owner listed on this from.

BENEFICIAL OWNERSHIP CERTIFICATION

Persons opening an account on behalf of a legal entity must provide the following information.
This document must be completed in its entirety.

a. Name and Title of Natural Person Opening Account:

Name: _____ Title:_____

b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened:

Name of Entity: _____

Type of Entity: _____

Address of Entity: _____

c. List the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	**Date of Birth**	**Address** (Residential or Business Street Address)	For U.S. Persons: **Social Security Number**	For Non-U.S. Persons: **Social Security Number, Passport Number & Country of Issuance, or similar identification number**

(If no individual meets this definition, write "Not Applicable.")

CONTROL CERTIFICATION

d. Check the appropriate box and list the following information for one individual with significant responsibility for managing the legal entity listed on Pg 1, 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 under section (c) above may also be listed in this section (d)).

Name/Title	**Date of Birth**	**Address** (Residential or Business Street Address)	For U.S. Persons: **Social Security Number**	For Non-U.S. Persons: **Social Security Number, Passport Number & Country of Issuance, or similar identification number**[1]

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. If this certification pertains to any financial product or account that might be renewed in the future (e.g. certificate of deposit rollover, loan renewal or safe deposit box lease renewal), I agree to notify the bank of any change to the business' beneficial owner(s) or control person(s).

Signature: _____ Date: _____

[1] In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Legal Entity Identifier _____ *(Optional)*