

SANBORN SAVINGS BANK
Business Certificate of Deposit Account Application

Date: _____

CD Number: _____

Certificate of Deposit – Term _____

Type of Business? (Circle One) Corporation Limited Liability Company Partnership (General/Limited)
Trust filed with Secretary of State (statutory trust) Charity Nonprofit Organization Unincorporated Association/Club

Name of Natural Person Opening Account: _____ **Title:** _____

Name and address of Legal Entity for which account is being opened:

Business Information (Required):

Business Name: _____

Employer Identification Number: _____ Type of Business: _____

Physical Street Address: _____

Mailing Address (if different): _____

City, State, Zip: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

Additional Information: _____

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. CEO, CFO, COO, Managing Member, General Partner, President, VP, Treasurer); or any other individual who regularly performs similar functions.
(Not required to complete for Unincorporated Association/Clubs.)

First/Middle/Last Name: _____ Title: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Phone Numbers (Home/Cell): _____ Email: _____

(Internal use: Photo ID Red Flag OFAC)

Authorized Signers (Required):

Name: _____ Position/Office: _____

Name: _____ Position/Office: _____

Name: _____ Position/Office: _____

Name: _____ Position/Office: _____

Authorized Signers Personal Information (Required):

First/Middle/Last: _____
Social Security Number: _____
Date of Birth: _____
Address: _____

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Social Security Number: _____
Date of Birth: _____
Address: _____

Phone (Home/Cell): _____
(Internal use: ___ Photo ID ___ Red Flag ___ OFAC)

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Owners (Owning 25% or More of Business) – Personal Information (Required):

(Not required to complete for Charities, Non-profit Organizations, or Unincorporated Association/Clubs.)

First/Middle/Last: _____
Social Security Number: _____
Date of Birth: _____
Address: _____

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Social Security Number: _____
Date of Birth: _____
Address: _____

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Certification of Beneficial Owners:

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify you of any change in beneficial ownership information.

Signature: _____

Date: _____

For Bank use only:

- _____ W-9 for Employer ID#
- _____ Articles of Incorporation, Dated _____
(For LLC – Certificate of Organization, Dated _____ and Operating Agreement)
- _____ Corporate (or Other Entity) Resolution, Dated _____
- _____ Certificate of Internet Gambling
- _____ Printouts from Secretary of State website
- _____ Trade Name Filing (for D.B.A.'s): Yes No (\$7 for 1 page)
- _____ Thank you to business
- _____ If not using the Business Application form, complete the Beneficial Ownership form

Required for manager, all signers, and all beneficial owners owning 25% or more:

- _____ Photo ID
- _____ Red Flag checklist
- _____ OFAC check