The Citizens Bank

Solid Traditions. Smart Solutions.

Switch your Business Account to The Citizens Bank today—
we will make it as easy as possible!

- **Open your New Account:** Fill out the attached New Account Information form and we will have everything we need to start your paperwork. **Completion of this form will not immediately open an account. This is for information purposes only and is not considered a method of account opening. The completion of this form will begin the application process but all applications are subject to approval.**
- **Close your old account(s):** Notify your old bank that you would like to close your account. If you use bill pay, bring us a list of your payees and we will help you set them up.
- **Provide Beneficial Ownership Information:** To help fight financial crime , the U.S. Government passed regulations making it mandatory for financial institutions to collect information on beneficial owners of legal entity clients.
- **Cash Management:** Let us know what Cash Management options you are interested in and our team will contact you with more information and help you with the setup every step of the way.

The Citizens Bank is very excited that you are interested in our bank. Our friendly and helpful employees are always willing to assist in making your switch as easy as possible. Please feel free to call your local branch.

WWW.TCBSC.BANK

Apple/Android App: TCB 2GO

Member FDIC

EQUAL HOUSING OPPORTUNITY

New Business Account Information

Business Information (use legal entity name)

Name

Street Address

City, State, Zip

Mailing Address (if different)

Work Phone

Cell Phone

Email Address

Tax ID Number

Type of Business Entity:

- ☐ Sole Proprietor
- ☐ Limited Liability Company
- ☐ Corporation
- ☐ Non Profit
- ☐ Partnership
- ☐ Other: _____

Signer (1)

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone Work Phone

Cell Phone

Email Address

Social Security Number

Driver's License Number Expiration Date

Date of Birth

Employer Position

Fraud Safe Word

I would like to open:

☐ Personal Checking ☐ Savings Account ☐ CD ☐ IRA ☐ Other Account

☐ I/we would like an ATM/Debit Card, if so, which signers:

_____ ☐ I/we would like E-Statements

☐ I/we would like free online access, if so: *Provide Fraud Safe Word with your Signer Information.*

☐ I/we would like free bill pay activated on our online access

Please note that Primary and Joint account holders will need to sign an official account form in person at The Citizens Bank before the account can be opened. For your security, we will also need a copy of your drivers license, social security card and/or other form of identification. **The purpose of this questionnaire is to begin the application process. All applications are subject to approval.**

New Business Account Information

Signer (2) *if needed*

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone Work Phone

Cell Phone

Email Address

Social Security Number

Driver's License Number Expiration Date

Date of Birth

Employer Position

Fraud Safe Word

Signer (3) *if needed*

Name

Street Address

City, State, Zip

Mailing Address (if different)

Home Phone Work Phone

Cell Phone

Email Address

Social Security Number

Driver's License Number Expiration Date

Date of Birth

Employer Position

Fraud Safe Word

Please note that l·ff ăλƎyŜℳă will need to sign an official account form ØλŭK The Citizens Bank before the account can be opened. For your security, we will also need a copy of your drivers license, social security cardΣ ōdzăλyŜăă ŘƶŎdzYˇŜyŭă and/or other form of identification.

The purpose of this questionnaire is to begin the application process. All applications are subject to approval.

Beneficial Ownership Information

Please provide the following requested information. All information is required unless otherwise noted and must be completed by a person with the intent to open an account or apply for credit. Additional information may be requested based upon response provided.

Business Information

Legal Entity Name:	
Address (No PO Box):	
Business Phone:	

Individual Information Control Person

Control Person is an individual with significant responsibility to control, manage or direct the Customer. Examples include: CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer or any other individual who regularly performs similar functions.

*PO Box address not allowed.

Control Person Full Legal Name: _____

SSN/Individual Tax ID: _____ DOB: _____

I am also a Beneficial Owner with _____% Ownership

Address (No PO Box):	**Residency status**: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

ID Information:

Type: _____ Issue State/Country: _____

Number: _____

Issue Date: _____ Expiration Date: _____

Position/Title: _____

Occupation: _____

☐ Politically Exposed Person ☐ Senior Political Figure

Beneficial Ownership Information

THE CITIZENS BANK

Solid Traditions. Smart Solutions.

Beneficial Owner(s)

Beneficial Owner is an individual person (not a company) who owns an interest in the Customer.
All individuals with **25%** or more ownership interest in the Customer must be identified.

*PO Box address not allowed.

No Individual Beneficial Owner Meets the 25% ownership threshold

Beneficial Owner 1:_____ % Ownership **Full Legal Name:** _____ ☐ I am the Control Person and my information is provided above SSN/Individual Tax ID: _____ DOB: _____	**Beneficial Owner 2**:_____ % Ownership **Full Legal Name:** _____ SSN/Individual Tax ID: _____ DOB: _____
Address (No PO Box): **Residency status**: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien	**Address (No PO Box):** **Residency status**: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien
ID Information:	**ID Information:**
Type:_____	Type:_____
Issue State/Country:_____	Issue State/Country:_____
Number:_____	Number:_____
Issue Date: _____ Expiration Date:_____	Issue Date: _____ Expiration Date:_____
Occupation:_____	Occupation:_____
Politically Exposed Person: ☐ Senior Political Figure: ☐	Politically Exposed Person: ☐ Senior Political Figure: ☐

Beneficial Owner 3:_____ % Ownership **Full Legal Name:** _____ SSN/Individual Tax ID: _____ DOB: _____	**Beneficial Owner 4**:_____ % Ownership **Full Legal Name:** _____ SSN/Individual Tax ID: _____ DOB: _____
Address (No PO Box): **Residency status**: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien	**Address (No PO Box):** **Residency status**: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien
ID Information:	**ID Information:**
Type:_____	Type:_____
Issue State/Country:_____	Issue State/Country:_____
Number:_____	Number:_____
Issue Date: _____ Expiration Date:_____	Issue Date: _____ Expiration Date:_____
Occupation:_____	Occupation:_____
Politically Exposed Person: ☐ Senior Political Figure: ☐	Politically Exposed Person: ☐ Senior Political Figure: ☐

Cash Management Options

Our Business Cash Management product can help you run your business more effectively, efficiency and easily. We can help you to be more in control of your accounts and your time by letting you create electronic files from your own computer! You send us your file and we will take care of the rest.

Please check which items you would like or would like more information about:

- ☐ Multiple Online Banking Users with tailored access levels
- ☐ Online Wires
- ☐ Payee Positive Fraud
- ☐ Originating ACH Files
- ☐ Business BillPay
- ☐ Remote Deposit Capture Machine

For questions about our Cash Management Options, please reach out to your local branch and if needed, they will get you connected with a specialist.