

## WHAT IS THIS FORM?

Welcome to The Citizens Bank of Georgia. We realize your time is very important. To make the most of your time here, please take a minute to fill out the information below. This will allow us to serve you quickly and efficiently once we meet with you and understand your business needs. When you return these forms to us, we will need to see a form of identification to complete your account opening process. Please have it ready. Also, we will need your business' tax identification number or equivalent.

## BUSINESS INFORMATION

Business Name:		TIN/EIN:	
Business Street Address:		Business Phone Number:	
City:	State:	Zip:	
Business Mailing Address (if different):			
City:	State:	Zip:	
Brief Business Description:			
Email:			
Website:			

## BUSINESS QUESTIONNAIRE

1.	Business Structure:	Sole Proprietorship	Partnership	Corporation	LLC	Non-Profit	Other
2.	Which of the following will your account(s) be used for?		General Operating	Payroll	Savings	IOLTA	
	Credit Card Processing	MSB Activity	Lottery	Other (list):			
3.	Is your business headquartered in the US?				Yes	No	
4.	Are you registered to do business in this state?				Yes	No	
5.	Will you be using a safe deposit box?				Yes	No	
6a.	How do you anticipate paying your employees?		Direct Deposit	Check	Cash		
6b.	Would you like our representative to contact you about ACH Manager?				Yes	No	
7a.	Will you be accepting debit/credit cards?				Yes	No	
7b.	Would you like a representative to contact you to discuss your options for taking debit/credit cards?				Yes	No	
8.	Will you need a business debit card?				Yes	No	
9a.	Do you anticipate depositing a large volume of checks?				Yes	No	
9b.	Would you like our representative to contact you about Remote Deposit Capture?				Yes	No	

# Account Signer Information

\*\*\*If a signer is new to our bank, we will need a completed consumer application and a copy of their photo identification. The application is at the end of this packet.

## SIGNER #1 ON ACCOUNT

First Name:	
Middle Initial:	
Last Name:	
Title:	
E-mail:	
Phone:	

## SIGNER #2 ON ACCOUNT

First Name:	
Middle Initial:	
Last Name:	
Title:	
E-mail:	
Phone:	

## SIGNER #3 ON ACCOUNT

First Name:	
Middle Initial:	
Last Name:	
Title:	
E-mail:	
Phone:	

## SIGNER #4 ON ACCOUNT

First Name:	
Middle Initial:	
Last Name:	
Title:	
E-mail:	
Phone:	

## SIGNER #5 ON ACCOUNT

First Name:	
Middle Initial:	
Last Name:	
Title:	
E-mail:	
Phone:	

# Customer Due Diligence

## CUSTOMER DUE DILIGENCE QUESTIONNAIRE

1.	Does any portion of business income come from Internet Gambling?	Yes		No		
2.	Is this a marijuana related business?	Yes		No		
3a.	Do you act as an intermediary between your clients and the bank performing services or arranging for services to be performed on your client's behalf?	Yes		No		
3b.	If yes, which services? (check all that apply)					
	Accounting	Funds Management	Insurance	Investment Advisory	Legal	
	Medical	Notary	Real Estate	Tax Preparation	Trust Management	
4.	Is the organization an embassy, foreign consulate or foreign mission?	Yes		No		
5.	Does your business involve any of the following? (check all that apply)					
	Casinos, card clubs or gaming establishments w/ annual revenues > \$1 Million	Credit Cards System Operation	Travel Agency			
	Securities, futures commissions or commodity trading	Vehicle Sales (auto, airplane, boat)	Real Estate Closing and Settlement			
	Precious metals, stones or jewels w/ purchases or sales > \$50k per yr.	Federal, state or local government agency carrying out a duty or power				
	Telegraph Company	Insurance	Loan/Finance	Pawn Brokerage	U.S. Postal Service	None of the above
6a.	Does your business involve any of the following? (check all that apply)					
	Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day					
	Cash checks in amounts greater than \$1,000 for any one person in any one day					
	Issue or sell money orders in amounts greater than \$1,000 for any one person in anyone day					
	Transmit money on your customer's behalf electronically from one location to another	Internationally?	Yes	No		
	Administer or exchange virtual currency					
	Non-network-branded card sales that exceed \$2,000 maximum value per device on any given day					
	Network-branded card sales that \$1,000 maximum value per device on any given day	International Usage?	Yes	No		
	None of the above					
6b.	If any of the above are selected:					
	Do you act as an agent of an MSB (For example, MoneyGram or Western Union)?			Yes	No	
	Do you have a documented BSA/AML program?			Yes	No	
	Are you registered with FinCEN and (if required) by the State?			Yes	No	
7a.	Do you depend, in whole or in part, on charitable donations and voluntary service for support?			Yes	No	
7b.	If yes:					
	Is your organization chartered in the United States?			Yes	No	
	Do you have donors or volunteers from other countries?			Yes	No	
	If yes, list the countries:					
8.	Does your company offer courier or armored car services to ship currency on your customers' behalf?			Yes	No	
9.	Will you be processing transactions that benefit a third-party?			Yes	No	
10.	Do you own, operate or replenish an ATM?			Yes	No	

# Projected Banking Transactions per Month

Which of the following types of transaction will you perform **each month**?

## CASH DEPOSITS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

## CASH WITHDRAWALS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

Will you be using a courier or armored car service to complete your cash transactions?  Yes  No

## INCOMING WIRE TRANSFERS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

Will you receive wire transfers from **non-US** locations?  Yes  No

If yes, list the countries:

## OUTGOING WIRE TRANSFERS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

Will you send wire transfers to **non-US** locations?  Yes  No

If yes, list the countries:

## INCOMING ACH CREDITS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

Will you receive outgoing credits from **non-US** locations?  Yes  No

If yes, list the countries:

## CHECK DEPOSITS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

## CHECK WITHDRAWALS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

## OFFICIAL CHECK PURCHASES

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

## ATM DEPOSITS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
\$20,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$200,000	\$200,000 - \$500,000	> \$500,000

## ATM WITHDRAWALS

\$0 - \$1,000	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$10,000	\$10,000 - \$20,000
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# Certification of Beneficial Ownership

## 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 must 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 a 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 on-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. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It's possible that in some circumstances the same individual might be identified under both sections (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 (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

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

## CUSTOMER INFORMATION

Business Name:

Name of Natural Person Opening Account:

Title of Person Opening Account:

## BENEFICIAL OWNERS

Complete the following section for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, own 25% or more of the equity interests of the legal entity.

NAME (PRINT) & TITLE	DATE OF BIRTH	ADDRESS	SSN / EIN	% OWNED
1.				
2.				
3.				
4.				

## ACCOUNT MANAGER

Provide 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 Operations Officer, Managing Member, General Partner, President, Vice President, Treasurer, Etc.); or
- Any other individual who regularly performs similar functions

If appropriate, an individual listed under the ownership section above may also be listed in the section below.

NAME (PRINT) & TITLE	DATE OF BIRTH	ADDRESS	SSN
5.			

## IDENTIFICATION OF BENEFICIAL OWNERS AND ACCOUNT MANAGER

Complete the following section for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, own 25% or more of the equity interests of the legal entity.

ID TYPE	ID NUMBER	PLACE OF ISSUANCE	DATE OF ISSUANCE	EXPIRATION DATE
1.				
2.				
3.				
4.				
5.				

## BANK USE ONLY

Employee:		Date:	
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