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| **BENEFICIAL OWNERSHIP** |

**If the business is excluded from Beneficial Ownership, please check this box (MOST COMPANIES WILL NOT BE EXEMPT SO DO NOT MARK BEFORE READING THE LIST BELOW) – Excluded legal entities:**

* Financial Institutions
* Sole Proprietors
* Unincorporated Associations or Organizations (informal associations, recreation, or club accounts)
* Public Funds / Government Entities
* Estates
* Trusts not formed by a state filing
* An issuer of securities registered with the Securities Exchange Act
* Entities traded publicly in the US
* A registered entity, commodity pool operator, commodity trade advisor, retail foreign exchange dealer, swap dealer or major swap participant registered with the Commodity Futures Trading Commission, a public accounting firm registered under section 102 of the Sarbanes-Oxley act, a bank holding company, a pooled investment vehicle operated and advised by a financial institution, an insurance company regulated by a state, and a financial market utility designated by the FSOC.

**BENEFICIAL OWNER(S) - Please provide the following information for any individual(s), 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.**

**Check here if no individual meets this definition and move on to Individual with Control Section.**

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|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
|  |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |
|  |
|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
|  |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |
|  |
|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
|  |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |

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|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |

**INDIVIDUAL WITH CONTROL - Please provide the following information for at least one individual** with significant responsibility for managing the legal entity, such as: *an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, VP, Treasurer; or any other individual who regularly performs similar functions.* **A*n individual listed under Beneficial Owners Section may also be listed in Individual with Control Section.***

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| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |
|  |

**AUTHORIZED SIGNER/S (No need to duplicate for individuals listed above*)* -** Please provide the following information for any individual who will be designated as an Authorized Signer but has no business ownership or significant responsibility for managing the legal entity.

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|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
|  |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |
|  |
|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
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| *Signature Date* |

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|  |
| Individual Name Position with Business % Ownership |
| Date of Birth Social Security Number Phone Number (❑ *Mobile)* E-mail Address |
| Residential Physical Address City State Zip |
| Driver’s License # State Issued Date Issued Expiration Date Check if applicable - **Authority:** Sign Checks Receive a Debit Card |
|  |
| *Signature Date* |
| ***Persons opening an account on behalf of a legal entity must sign below:***  *(Name and Position/Title of person opening account),* hereby certify, to the best of my knowledge, that the information provided within this application is complete and correct. **I** also agree to notify Continental Bank of any change in the information provided within this Certification.   |  |  |  | | --- | --- | --- | | *Signature Title* |  | *Date* | |
| The authorized Agent(s) signing above agree(s), that the Account Holder’s Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure, (if applicable), and acknowledge receipt of our privacy policy (if applicable), as amended by the Financial Institution from time to time. The authorized Agent(s) also acknowledge that they have received at least one copy of these deposit account documents. The Authorized Signer(s) understand(s) accounts opened after 3:00 PM are dated effective the next business day. |