



Know Your Customer Required Information Collection Form

To help the United States government fight the funding of terrorism and prevent money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens an account. U.S. Bank will ask for the legal name, address, tax identification number, and other identifying information that will assist us in completing the review of your contract/application. We may also ask for copies of certified articles of incorporation, an unexpired government-issued business license, a partnership agreement, or other documents that indicate the existence and standing of the entity. U.S. Federal law also requires financial institutions to conduct ongoing customer due diligence, verify the identity of beneficial owners of certain legal entities, and comply with U.S. Economic Sanctions. U.S. Bank may require identification information on Customer, its Affiliates, Related Parties, or Cardholders, if applicable, to allow U.S. Bank to remain in compliance with U.S. Federal law or U.S. Bank policy. Customer agrees to promptly provide such identification information to U.S. Bank, and Customer shall cause its Affiliates, Related Parties or Cardholders, if applicable, to provide identification information to U.S. Bank.

How to complete this form:

Answer all questions completely and thoroughly, reviewing the requirements of each section. Do not leave any section blank unless you qualify under Section B. Missing information will cause delays in processing. Abbreviations or acronyms are not acceptable. **Post Office Boxes or Personal Mailboxes are not acceptable**, please provide physical address for any addresses provided. You must notify U.S. Bank if any information in the form changes.

Section A: Customer Information

- Provide full legal name of the customer as it is captured on the formation documents. This does not include Doing Business s (DBAs) or Trade Name.
- If the customer is a Sole Proprietorship, provide the full legal name of the owner.

Company Information	
Company Name:	
Identification Number: • (TIN, EIN, SSN, ITIN)	
Is the above Identification Number shared with another entity?	☐ Yes ☐ No
If Yes, provide all entities that share the Identification Number:	
Legal Physical Address: (Where the business is located. Do not provide a mailing address)	
Does the company have Trade or Doing Business As (DBA) name(s)?	☐ Yes ☐ No
If Yes, provide only the Trade or DBA(s) that are applicable to your relationship with U.S. Bank:	
Provide the DBA address(es) if it is different than the company address:	

Section B: Exempt Entities – Do any of the below business types apply to your business?

- If yes, check the boxes below that apply and complete Sections C, D and Section F.
- If no, supply formation documents, and complete the entire form.

If the company is a subsidiary of a Public Body or Publicly Traded Entity and has its own financials, complete the entire form, supply formation documents and the most recent organization chart.

- ☐ Is your business a U.S. Department or Agency, including Indian Tribal Government, or was it formed under in interstate compact between two or more states?
- ☐ U.S. Political Subdivision (Local Government Entity)
- ☐ Financial institution that is regulated by a Federal or State Regulator:
- ☐ Any entity established under an interstate compact, including Indian Tribal Governmental Entities
- ☐ An entity that is listed on the New York, NYSE Market LLC, or NASDAQ stock exchanges – this only applies to U.S. operations
- ☐ Subsidiary of a Publicly Traded parent listed on NYSE, NYSE MKT LLC, or NASDAQ stock exchanges. This only applies to U.S. operations and U.S entities where equity of 51% or more is held by a U.S. listed entity. Excludes subsidiaries and entities listed under NASDAQ Capital Market (Nasdaq-CM) Companies.

Name of Exchange: _____ Ticker Symbol: _____

Section C: Standard Due Diligence Questions

- This section is required to be completed by all customers.

1	What is the nature of your business? (What products or services do you supply?) • Include NAICS if known	
2	Does your business operate in the hemp industry? (If Yes supply a USDA License, or State/Tribal Government License along with this form)	☐ Yes ☐ No
3	What is the legal structure of your business? (e.g., Corporation, Limited Partnership/LLP, Not-for-Profit Organization, LLC, Single Member LLC, Partnership, Sole Proprietor, Government)	
4	What is the company's country of formation?	
5	What is the country of primary business operations for the company?	
6	Does the company provide any of the following services to your customers? If Yes, which service?	
	• check cashing services	☐ Yes ☐ No
	• issue or cash travelers checks or money orders	☐ Yes ☐ No
	• provide money transmission or foreign exchange services	☐ Yes ☐ No
	• offer prepaid cards	☐ Yes ☐ No
7	What is the company's estimated or projected annual revenue/budget (USD)? (If none, please indicate with \$0. None and N/A are not allowed.)	\$

Section D: Authorized Signer

- This section is required to be completed by all customers.
- One individual is required, additional individuals are optional.

Full Legal Name		Provide <u>one</u> of the following sets of items: Date of Birth (mm/dd/yyyy), OR Physical Residential Address (preferred) OR Business Address OR SSN/ITIN/Foreign ID (A copy of the non-expired foreign ID is required along with this form)
1		
	☐ No middle name	
2		
	☐ No middle name	

Section E1: Beneficial Ownership

Requirements:

- List the individual(s) who directly or indirectly own 25% or more of the Company (Legal Entity) listed at the top of this form.
- If a trust owns 25% or more of the legal entity customer, provide the required information of the individual trustee below, if the trustee is a non-individual, provide the information of the non-individual trustee in Section E2 below

☐ Check Box IF, no individual holds more than 25% ownership directly or indirectly for the listed above then proceed to Section E3				
Use the checkbox to indicate if the individual is an Owner or Trustee	☐ Owner #1 ☐ Trustee #1	☐ Owner #2 ☐ Trustee #2	☐ Owner #3 ☐ Trustee #3	☐ Owner #4 ☐ Trustee #4
Full Legal Name (First, Middle, Last)	☐ No middle name	☐ No middle name	☐ No middle name	☐ No middle name
Date of Birth (mm/dd/yyyy)				
Physical Residential Address (preferred) or Business Address	☐ Residential or ☐ Business	☐ Residential or ☐ Business	☐ Residential or ☐ Business	☐ Residential or ☐ Business
Identification number • U.S. individuals (SSN/ITIN), or • For a Non-U.S. individual – SSN/ITIN or Foreign ID. Copy of Non-Expired Document is required along with this form				
Ownership Percentage	%	%	%	%

Section E2: Legal Entity Trustee Beneficial Owner Information (only to be used for a non-individual Trustees of a Trust)

- Complete this section if the business is owned 25% or more by a trust and the trustees are a non-individual. Do not provide any parent company information in this section

Full Legal Name	Ownership Percentage	Physical Business Address • Street, City, State, Postal Code, Country	Identification Number: • U.S. Entity: EIN/TIN • Non-U.S. Entity: ID number and country of issuance
	%		

Section E3: Beneficial Ownership Control – List one individual with responsibility to control, manage or direct the business

(e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer; or any other individual who regularly performs similar management functions.)

☐ Full Legal Name (First, Middle, Last)	☐ No middle name
Date of Birth (mm/dd/yyyy)	
Physical Residential Address (preferred) or Business Address • PO Boxes are not acceptable	☐ Residential or ☐ Business
Identification number • U.S. individuals – SSN, or • For a Non-U.S. individual – SSN/ITIN or Foreign ID. Copy of Non-Expired Document is required along with this form	

Section F: Certification by Authorized Signer

This section must be completed by an appropriate individual with the authorization of the Customer provided in Section A at the top of this form e.g., the secretary or other officer, a member or manager of an LLC, partner of a partnership, business owner, Chief Executive Officer (CEO), Controller, Chief Operating Officer (COO), Chief Financial Officer (CFO).

I, an Authorized Officer of the company name listed in Section A above, hereby attest that all information supplied on this form and/or any documentation supplied as requested in this form is true and accurate to the best of my knowledge.

Printed Full Legal Name ☐ No middle name	
Title:	
Date:	
E-mail Address	
Signature:	

