

DEPOSIT ACCOUNT APPLICATION <h1 style="text-align: center;">BUSINESS</h1>		1964 W. Wayzata Blvd. Long Lake, MN 952-473-7347 www.lcbankmn.com  Equal housing Lender Member FDIC
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NAME OF PERSON OPENING ACCOUNT FOR THE LEGAL ENTITY

Name:	Title:
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LEGAL ENTITY INFORMATION

Entity / Business Name:	
Physical Address:	
Mailing Address (If Different):	
Business EIN:	Website: www.
Business Phone:	Primary Business Email (may be used for marketing purposes):
Nature / Type of Business (be specific):	
*Is the Entity a Non-Governmental Organization or a Charity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Does the Entity own or operate a Medical Marijuana/Hemp Dispensary or growing/processing/manufacturing operation related to Medical Marijuana/Hemp? (We do not service Marijuana/Hemp businesses.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

OWNERSHIP

List the Names & Titles of the Legal Owners of the Entity. Use Additional Sheet if More Space is Needed

Name:	Title:	% Ownership:

Note: Persons with a 25% or more share of ownership are required to complete the Beneficial Owner data document.

**THE NAME OF THE INDIVIDUAL WITH SIGNIFICANT RESPONSIBILITY TO CONTROL, MANAGE OR DIRECT THE ENTITY
(need not be an owner)**

Name:	Title:
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EXPECTED TRANSACTION ACTIVITY

<p>Average Monthly Cash: In \$ Out: \$</p> <hr/> <p>Expected Monthly Domestic Wire Volume: # 0</p> <hr/> <p>Expected monthly Foreign Wire Volume: #</p> <hr/> <p>Will there be ACH / AutoPay Transactions? <input type="checkbox"/> YES</p> <hr/> <p>**Will there be Business Debit Card Transactions? <input type="checkbox"/> YES</p> <hr/> <p>*Does the Entity engage in Internet Gambling or Gaming Activity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>*Does the Entity Own, Operate or Service an ATM? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p style="text-align: center;">Money Service Business Activity</p> <p>Does the entity provide any of the following services: <small>(check all that apply):</small></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Lottery Ticket Sales</td> <td><input type="checkbox"/> Check Cashing</td> </tr> <tr> <td><input type="checkbox"/> Money Order Sales</td> <td><input type="checkbox"/> Travelers Check Sales</td> </tr> <tr> <td><input type="checkbox"/> Prepaid Card Sales</td> <td><input type="checkbox"/> Gift Card Sales</td> </tr> <tr> <td><input type="checkbox"/> Currency Exchange</td> <td><input type="checkbox"/> Money Transfer</td> </tr> </table> <p style="text-align: right;"><small>(Western Union, Moneygram, etc.)</small></p> <p>Are you a Virtual Currency Exchanger? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Do you will perform any of these service(s) in excess of \$1,000 in any one day with any one person? (If you check ANY box in this section, your business is considered a Money Service Business and unfortunately we are UNABLE to service it or open any accounts.)</p>	<input type="checkbox"/> Lottery Ticket Sales	<input type="checkbox"/> Check Cashing	<input type="checkbox"/> Money Order Sales	<input type="checkbox"/> Travelers Check Sales	<input type="checkbox"/> Prepaid Card Sales	<input type="checkbox"/> Gift Card Sales	<input type="checkbox"/> Currency Exchange	<input type="checkbox"/> Money Transfer
<input type="checkbox"/> Lottery Ticket Sales	<input type="checkbox"/> Check Cashing								
<input type="checkbox"/> Money Order Sales	<input type="checkbox"/> Travelers Check Sales								
<input type="checkbox"/> Prepaid Card Sales	<input type="checkbox"/> Gift Card Sales								
<input type="checkbox"/> Currency Exchange	<input type="checkbox"/> Money Transfer								

ORGANIZATIONAL FORMATION

Business Structure	Organizational Documentary Requirements (We reserve the right to request documents other than those listed below based on the specific facts related to the entity)	BANK USE ONLY	
<i>All entities are required to provide evidence of the Employer ID Number (EIN) or Tax ID Number (TIN) that is associated with the entity.</i>		<i>Verification</i>	<i>Initials</i>
<input type="checkbox"/> Sole Proprietorship	<i>Certificate of Assumed Name</i>	EIN	
<input type="checkbox"/> Limited Liability Company (LLC)	<i>Articles of Organization; Operating Agreement</i>	Structure	
<input type="checkbox"/> Corporation	<i>Articles of Incorporation; Bylaws</i>	Documentation	
<input type="checkbox"/> General Partnership	<i>Partnership Agreement</i>	OFAC	
<input type="checkbox"/> Limited Partnership	<i>Partnership Agreement</i>	Deluxe Detect	
<input type="checkbox"/> Limited Liability Partnership (LLP)	<i>Partnership Agreement</i>	Good Standing	
<input type="checkbox"/> Trust	<i>Certificate of Trust; Trust Agreement</i>	Address	
<input type="checkbox"/> Non Profit Organization	<i>Charter or other governing document</i>	Optional Visit	
<input type="checkbox"/> Club / Organization Account	<i>Charter or Bylaws</i>		

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open or apply for an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

All requested signers will be required to provide a government issued photo ID (e.g. Driver's License) and their Individual Tax ID Number (TIN).		BANK USE ONLY	
REQUESTED SIGNER 1		<i>Verification</i>	<i>Initials</i>
Name:	Title:	Address	
Home Address:		DL or other ID	
SSN:	Date of Birth:	Deluxe Detect	
Drivers License #:	State: Expiration:	OFAC	
Business Phone:	Home Phone:	<i>Notes:</i>	
Cell Phone:	Other Phone:		
Signature	Date		

REQUESTED SIGNER 2		BANK USE ONLY	
<i>Verification</i>	<i>Initials</i>		
Name:	Title:	Address	
Home Address:		DL or other ID	
SSN:	Date of Birth:	Deluxe Detect	
Drivers License #:	State: Expiration:	OFAC	
Business Phone:	Home Phone:	<i>Notes:</i>	
Cell Phone:	Other Phone:		
Signature	Date		

REQUESTED SIGNER 3	
Name:	Title:
Home Address:	
SSN:	Date of Birth:
Drivers License #:	State: Expiration:
Business Phone:	Home Phone:
Cell Phone:	Other Phone:
Signature	Date

BANK USE ONLY	
<i>Verification</i>	<i>Initials</i>
Address	
DL or other ID	
Deluxe Detect	
OFAC	
Notes:	

REQUESTED SIGNER 4	
Name:	Title:
Home Address:	
SSN:	Date of Birth:
Drivers License #:	State: Expiration:
Business Phone:	Home Phone:
Cell Phone:	Other Phone:
Signature	Date

BANK USE ONLY	
<i>Verification</i>	<i>Initials</i>
Address	
DL or other ID	
Deluxe Detect	
OFAC	
Notes:	

REQUESTED SIGNER 5	
Name:	Title:
Home Address:	
SSN:	Date of Birth:
Drivers License #:	State: Expiration:
Business Phone:	Home Phone:
Cell Phone:	Other Phone:
Signature	Date

BANK USE ONLY	
<i>Verification</i>	<i>Initials</i>
Address	
DL or other ID	
Deluxe Detect	
OFAC	
Notes:	

REQUESTED SIGNER 6	
Name:	Title:
Home Address:	
SSN:	Date of Birth:
Drivers License #:	State: Expiration:
Business Phone:	Home Phone:
Cell Phone:	Other Phone:
Signature	Date

BANK USE ONLY	
<i>Verification</i>	<i>Initials</i>
Address	
DL or other ID	
Deluxe Detect	
OFAC	
Notes:	

NEW CUSTOMER RISK PROFILE

For Bank Use Only

Business / Entity Name:			
Account Number:		Date Opened:	
What is the Occupation / Nature of Business? (check all that apply)			
<input type="checkbox"/> Accounting / Legal Services	<input type="checkbox"/> Importer / Exporter	<input type="checkbox"/> Medical Doctor / Clinic	<input type="checkbox"/> Restaurant
<input type="checkbox"/> ATM / Check Cashing	<input type="checkbox"/> Investment Broker	<input type="checkbox"/> Money Transmitter	<input type="checkbox"/> Travel Agency
<input type="checkbox"/> Auctioneer	<input type="checkbox"/> Jewels / Precious Metals Dealer	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Boat / Car / Plane Dealer	<input type="checkbox"/> Laundromat / Vending Services	<input type="checkbox"/> Pawn Shop	<input type="checkbox"/> Self Employed (define below) <input type="checkbox"/> Other (define below)
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Leather Goods	<input type="checkbox"/> Real Estate / Realtor	
<input type="checkbox"/> Deposit Broker	<input type="checkbox"/> Liquor / Tobacco Sales	<input type="checkbox"/> Retail Goods	



RISK ASSESSMENT			
RISK QUANTIFIER	Y	N	SCORING
Business Site location(s) local	0	2	
Owner(s) or Officer(s) reside locally	0	2	
Business older than one year	0	3	
"Business type listed above? (N/A if only Self-employed or Other is checked & no other type is checked)	0	5	
Business operates only in local trade area	0	2	
Projected cash volume over \$5,000 per month	5	0	
Customer will send/receive Domestic Wires/ACH	3	0	
Customer will send/receive Foreign Wires/ACH	5	0	
Business accepts Visa/MC either in store or online	1	0	
Customer maintains deposit accounts at other banks	2	0	
0-9 = Low Risk 10-17 = Medium Risk 18-30 = High Risk			TOTAL RISK SCORE
ALL MSBs, PRIVATE ATM OWNERS, FOREIGN WIRE/ACH, NON-US CITIZENS MUST BE RATED HIGH REGARDLESS OF CALCULATED RISK SCORE			