



**Business CIP**

<b>Business Section</b>			
Business Name:		Phone:	
Address:		City:	State:
Mailing Address (if different):		City:	State:
Description of Business:			
If the business doesn't operate within 25 miles from Reliance Bank, what brought you here?			
Does the business cash checks? If yes, more than \$1,000/person/day?		Does the business sell money orders? If yes, \$10K per month?	
Does the business own or operate privately-owned ATMS?	Does the business engage in internet gambling?	Does the business engage in hemp or marijuana-related business?	
Does the business derive any income directly or indirectly from a marijuana business? If yes, directly indirectly			
Does the business invest in a marijuana-related business?		Is there a seasonality to the business's operations? If so, note high season.	
Does the business sell lottery tickets? If yes, 50% of total revenue?		Does the business issue prepaid cards? If yes, are they reloadable?	
Does the business anticipate making cash deposits? If yes, how much \$ per month?		Does the business anticipate making cash withdrawals? If yes, how much \$ per month?	
Does the business anticipate sending or receiving domestic wire transfers? If yes, how much \$ per month?		Does the business anticipate sending or receiving international wire transfers? If yes, how much \$ per month?	
Will the business use remote deposit or other cash management services?		Does the business anticipate using ACH-related services (e.g. PayPal, Venmo, etc.)?	
<b>Beneficial Ownership Information</b>			
Please list <u>each</u> individual who, directly or indirectly, owns 25% or more of the business opening this account			
Beneficial Owner Name:		SSN:	DOB:
Address:		City:	State:
ID Type:	Issued By:	Expiration Date:	
Beneficial Owner Name:		SSN:	DOB:
Address:		City:	State:
ID Type:	Issued By:	Expiration Date:	
Beneficial Owner Name:		SSN:	DOB:
Address:		City:	State:
ID Type:	Issued By:	Expiration Date:	
Beneficial Owner Name:		SSN:	DOB:
Address:		City:	State:
ID Type:	Issued By:	Expiration Date:	
<b>Control Person Information</b>			
Please provide the name of <u>at least one</u> person who has control over the business opening this account (e.g. President, CEO, Partner, etc.)			
Control Person Name:		SSN:	DOB:
Address:		City:	State:
ID Type:	Issued By:	Expiration Date:	

I, \_\_\_\_\_, hereby certify, to the best of my knowledge, that the information contained herein is complete and correct. I also agree to notify Reliance Bank of any changes to the Beneficial Ownership information provided within this form.

The business entity identified above certifies that it does not engage in an Internet gambling business within the meaning of Federal Reserve Regulation GG.

In signing below, I certify that I am authorized to provide this information on behalf of the applicant business. I certify that I made no misrepresentations in this application or in any related documents, that all information is true and complete, and that I did not omit any important information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Internal Use Only (check all applicable items)</b>		
<input type="checkbox"/> Penley ID Verification (Required for all new BO persons)	<input type="checkbox"/> OFAC Check (Required for all new relationships to the bank.)	Source of Initial Funds, if applicable:
Amount of Initial Funds, if applicable:	Business Documents Collected:	Account Number & Product Type:

Officer: \_\_\_\_\_



Business Signer CIP

Signer Section			
Name:		Date of Birth:	SSN:
Address:		City:	State: Zip:
Home Phone:	Cell Phone:		Work Phone:
Email Address:		Driver's License or State ID#:	
State Issued:	Date: Issued:		Expiration Date:
Name of Employer:		Occupation:	
Business Account Name:		Account Number(s):	

ID Verification Questions (Pick 2)			
What's your mother's maiden name?		What is your favorite color?	
What city were you born in?		What is your favorite number?	
What county were you born in?		What is your favorite date?	

**Acknowledgment**

The information in this application is true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Internal Use Only (check all applicable items)	
<input type="checkbox"/> Penley ID Verification	<input type="checkbox"/> OFAC Check