

Change is easy....

Business New Account Kit



MISSION VALLEY BANK

Your Success is Our Mission.

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Business Account Information Kit

Type of Account(s):

- Business Checking
- Payroll Account
- Business Interest Checking
- Business Analyzed Checking
- Business Money Market Checking
- Business Savings
- Certificate of Deposit Term: _____

Account(s) will be held as:

- Sole-Proprietor (dba)
- Corporation
- Limited Liability Company
- Partnership/Joint Venture
- Unincorporated Association
- Trust
- Estate

Other: _____

(Please see insert for a list of necessary legal documentation)

Account Name:

Business Address:

Mailing Address:

Web Site URL: _____

E-Mail Address: _____

Telephone: _____ Fax: _____ Cellular # _____

Type of Business:

Tax I.D. No. _____ NAICS (Business activity code number): _____

Other Information: _____

Additional Financial Tools Needed:

- Internet Cash Management
- Incoming Wires
- Outgoing Wires
- Merchant Bankcard Services
- Business Debit Card
- Corporate Credit Card Services
- ACH Services
- Positive Pay
- Armored Transport
- Line of Credit (Amount \$ _____)
- Equipment Financing
- Other: _____

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Business Account Information Kit

Required Info	Signer #1	Signer #2
Printed Name <small>(as appears on Driver's License)</small>		
SSN#		
Birth Date		
Birth Place		
Driver's License <small>(State, Number & Exp.)</small>		
Home Address		
City, State & Zip		
Home Phone #		
Cellular #		
E-Mail Address:		
Occupation / Title:		
Employer's Name <small>(if not same as account name)</small>		
Employer's Phone # <small>(if not same as account phone)</small>		
Address: <small>(if not same as account address)</small>		
City, State & Zip		
Other		
Signers on which account:		

*(Please **fully** complete all of the above information – for additional signers please attach an additional sheet)*

So that we can provide you with the best possible service, please answer the following quick questions:

- Will a facsimile or computer generated signature be used to process any items on your account(s)? _____
- Approximately how many employees do you currently have? _____
- How often and / or on what days do you issue payroll? _____
- Have you experienced any incidents of fraud on your previous accounts? _____
- Would you like us to handle your check & deposit ticket order for you? _____
- Would you like us to order your endorsement stamps? _____ How many? _____

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Necessary Legal Documentation

Sole Ownership, including Husband and Wife and other Unincorporated Entities

- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary and one piece of secondary identification for sole owner and each authorized signer.
- Photocopy of the primary identification for each authorized signer.
- Secondary ID for each signer must be presented and verified at time of account opening.

California Corporations (including S Corp & C Corp):

- Copy of filed Articles of Incorporation.
- Copy of current filed Fictitious Business Name Statement (if applicable).
- Statement of Information filed with the secretary of state OR most recent minutes of election of officers.
- One piece of primary identification for each authorized signer/officer. Will be photocopied at time of opening.

U.S. Non-California Corporations (including S Corp & C Corp):

- Copy of filed Articles of Incorporation from state of origin.
- Certificate of qualification filed with the state of California (if applicable).
- Copy of current filed Fictitious Business Name Statement (if applicable).
If a Fictitious Business Name Statement is filed in California, the corporation must have filed to qualify to do business in California.
- One of the following to confirm the identity of the Corporate Officers:
A filed Stamped copy of the Statement by Foreign Stock Corporation OR
Minutes from the corporation's board of directors' meeting reflecting the officer's appointment.
- One piece of primary identification for each authorized signer/officer. Will be photocopied at time of opening.

California -Limited Liability Companies (LLC)

- A filed-stamped copy of the Articles of Organization (LLC-1).
- Statement of Information and Copy of the LLC Agreement (Title page, Management page & Signature page).
- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer. Will be photocopied at time of opening.
If Members are an ORGANIZATION – all related documentation will be required

Non - California - Limited Liability Companies (LLC)

- A filed-stamped copy of the Limited Liability Company Application for Registration (LLC-5) filed in California.
- File stamped organizational documents from the state of origin.
- Statement of Information and Copy of the LLC Agreement (Title page, Management page & Signature page).
- Copy of current filed Fictitious Business Name Statement (if applicable).
If a Fictitious Business Name Statement is filed in California, the LLC must have filed to qualify to do business in California.
If Members are an ORGANIZATION – all related documentation will be required
- One piece of primary identification for each authorized signer/officer. Will be photocopied at time of opening.

Limited Partnership – California

- Copy of filing Form LP-1 Certificate of Limited Partnership.
- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer. Will be photocopied at time of opening.
- If General Partners are an ORGANIZATION – all related documentation will be required

General Partnership – California

- Partnership agreement
- GP-1 filed with the Secretary of State (if applicable).
- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer. Will be photocopied at time of opening.
- If General Partners are an ORGANIZATION – all related documentation will be required

Attorney-Client Trust

- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer of an organization.
- Will be photocopied at time of opening.
- Secondary Identification is required for individual accounts.

Change is easy...
Business Account Information Kit
Additional Authorized Signer Information Sheet

Required Info	Signer #3	Signer #4
Printed Name (as appears on Driver's License)		
SSN		
Birth Date		
Birth Place		
Driver's License (State, Number & Exp.)		
Home Address		
City, State & Zip		
Home Phone #		
Cellular #		
E-Mail Address:		
Occupation / Title:		
Employer's Name (if not same as account name)		
Employer's Phone # (if not same as account phone)		
Address: (if not same as account address)		
City, State & Zip		
Other		
Signers on which account:		

(Please fully complete all of the above information – for additional signers please attach an additional sheet)



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 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.

Important Information about Opening a Legal Entity Account

Effective May 11, 2018, new rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

EACH time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number as well as identification documents) for:

- Each individual that has beneficial ownership (20% or more) and,
- One individual that has significant managerial control of the Legal Entity.

If you are opening an account of behalf of a Legal Entity, you will be required to provide the appropriate documentation and to certify that this information is true and accurate to the best of your knowledge.



MISSION VALLEY BANK

Your Success is Our Mission.

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Updated 09/2020



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I: GENERAL INSTRUCTIONS

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 has to 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 Non-U.S. Persons) for the following individuals (i.e. the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 20 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 20 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customers (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 five 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 is 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 six individuals (i.e., one individual under section (ii) and five 20 percent equity holders under section (i)).

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



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

II: CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Type and Address of Legal Entity for Which the Account is being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 20 percent or more of the equity interest of the legal entity listed above:

Name	Ownership Percentage	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security, Passport Number and Country of Issuance, or other similar identification number ¹

(If no individual meets this definition, please write "Not Applicable.")

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

(if appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Passport Number and Country of Issuance, or other similar identification number ¹

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify Mission Valley Bank of any change in the information provided within this Certification.

Signature: _____ Date: _____

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, as long as the document is not in a foreign language.

**BUSINESS ACCOUNT
CUSTOMER DUE DILIGENCE**



BUSINESS DDA & MONEY MARKET -- Complete All Questions 1 through 20 **AND** Anticipated Activity
BUSINESS SAVINGS -- Complete Questions 1 through 20

Business Name: _____

County: _____ State: _____

- 1) Type of Account: Payroll General Expense Tax Other: _____
If Account Type is "Other", please provide an explanation: _____
- 2) Do you receive any income from hemp/cannabis business - directly or indirectly? Yes No
- 3) Does your business receive any income or offers any services that deal with convertible virtual currency, directly or indirectly? Yes No
- 4) Does your business engage in, receive, or will be receiving income from Internet Gambling Business? _____
- 5) How long has your business been in operation? _____
- 6) Are you a current MVB Client? Yes No if yes, how long? _____
- 7) Is any authorized signer, grantor or fiduciary a Politically Exposed Persons (PEPs)? *(any Senior Foreign Political Figure, foreign government official or a foreign military official or a foreign government owned business entity, or related to / or a close associate of a PEP)* Yes No
- 8) Source of Funds to Open Account? (see list of options below) _____
- 9) Main source of Revenue for your Business? (see list of options below) _____
- 10) Please provide information on the type of business and its operations.

**Describe in detail the purpose of the business and its operations: provide a description of what the business specifically does and this should include a description of the business operations including type of products/service provided, type of clientele serviced, if products/services are offered within the United States, Internationally or both.*

- 11) Please list all the products/services offered by your business including major vendors/providers/suppliers and major customer and their main location (US-state or International-country)

- 12) For non-profit organizations: Are services provided domestic only, or domestic and international?

- 13) How did you hear about MVB? _____
- 14) Who are your main clients? _____
- 15) NAICS Code: _____
- 16) Gross Annual Revenue / Losses: _____
- 17) In which state is your business organized? _____
- 18) Do you have a privately owned ATM? Yes No
- 19) Will you be applying for ACH Origination Services? Yes No
- 20) Will you be applying for Armored Transport Services? Yes No

Source of Funds Options	Source of Revenue Options
<ol style="list-style-type: none"> 1. Cash 2. Check – MVB check or account number 3. Check – Payroll - current employer 4. Check on other local bank 5. Check on out-of-area bank 6. Direct Deposit 7. Official item on local bank (Cashier’s Check) 8. Official item on out-of-area bank (Cashier’s Check) 9. Money Orders 10. Incoming Wire 	<ol style="list-style-type: none"> 1. Business Income 2. Foreign Political of Government Source Direct or Related 3. Inheritance Gift 4. Investment Earnings 5. Legal Settlement 6. Rental Property 7. Retirement Income 8. Royalties Residuals 9. Sale of Property 10. Self-Employment 11. Sold Business

ANTICIPATED ACTIVITY INFORMATION

Please provide the *monthly average* expected activity to be transacted through this account.
Please complete each item with a dollar amount or N/A.

Total expected deposits (including checks and cash)	\$ _____
Expected checks to be written:	\$ _____
Expected cash to be deposited:	\$ _____
Expected cash withdrawals:	\$ _____
Expected outgoing domestic wires activity:	\$ _____
Expected incoming domestic wires activity:	\$ _____
Expected outgoing International wires activity:	\$ _____
List <u>ALL</u> countries as applicable:	_____
(attach additional document if more space is needed)	_____
Expected incoming International wires activity:	\$ _____
List <u>ALL</u> countries as applicable:	_____
(attach additional document if more space is needed)	_____
ACH debits to your account (i.e. payroll, payments to vendors):	\$ _____
ACH credits to your account (i.e. payments from vendors):	\$ _____
Remote Deposit / Mobile Deposit:	<input type="checkbox"/> Yes <input type="checkbox"/> No