

## PACIFIC VALLEY BANK BUSINESS APPLICATION FORM

Purpose:  New Deposit Account  New Loan  
 Branch:  Salinas  King City  Monterey

Section I: Business Information – Loans and Deposits				
Legal Business Name of Applicant:				
DBA/Trade Name (if applicable):				
Business Physical Address:		City:	State:	Zip Code:
Business Mailing Address:		City:	State:	Zip Code:
Business Phone Number (include area code):		Business EIN/TIN:		
Name of Primary Contact for Company:		Company Website:		
Name of Person Opening Account (if different than Primary Contact):		Estimated Annual Revenues/Sales: \$		
Primary Contact Phone Number:	Primary Contact Cell Phone Number:	Primary Contact Email Address:		
<a href="#">NAICS</a> Industry Code:	Date Business Established:	Previous Financial Institution:		

Section II: Industry Questions – Loans and Deposits <sup>1</sup>	
<p>Is there an Automated Teller Machine (ATM) on site at the business? ATM Questionnaire(Q)</p> <p>Does your business engage in Internet Gambling?</p> <p>Does your business receive revenue from Cannabis Related Businesses? (CRB Q)</p> <p style="padding-left: 20px;">If yes, estimate percent of revenues from Cannabis Related Business.</p> <p>Do you have ownership interest in a Cannabis Related Business?</p> <p>Does your business engage in financial services, such as lending, leasing, e-wallets, selling/leasing ATMs, Money Services Business, check cashing, insurance underwriting, insurance broker, investment banker, advisor, real estate broker, stock broker, hedge fund business, currency exchange, virtual currencies, trade finance, venture capital or similar Nonbank Financial Institution (NBFI) or Privately Owned Automatic Teller Machine (NBFIQ or POATMQ)?</p> <p>Does your business engage in precious metal/gem sales (excludes retail jewelry stores, includes gold/diamond and wholesale brokers, etc.) (GEMQ)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">_____ %</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section III: Entity Type – Loans and Deposits			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Non-Profit/Association/Club <small>(MUST COMPLETE NGO QUESTIONNAIRE)</small>	<input type="checkbox"/> Trust	Other

<sup>1</sup>Businesses that answer YES to industry questions must complete an additional questionnaire, as applicable, which needs to be added to the customer’s on-boarding package and forwarded to BSA via the BSA Directory for pre-approval. All documents must be uploaded to the Client file.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT OR APPLYING FOR A LOAN:** 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 TO YOU:** When you open an account or apply for a loan, 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.

### Section IV: Beneficial Ownership – Loans and Deposits

Please provide the following information for **each** individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25% or more** of the equity interest of the legal entity applicant. **If the customer answers YES to any of the Industry Questions in Section II, then Section IV must also include individuals who own 10% or more of the equity interest of the legal entity applicant.** If no individual meets this definition, write "Not Applicable." Please attach additional copies of this page, as needed.

Please attach additional copies of this page, as needed					
Name <sup>2</sup>	% Owned	Date of Birth	Street Address	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Passport Number and Country of Issuance, or other similar identification number

Please provide the following information for **at least 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, or Treasurer); **OR**
- Any other individual who regularly performs similar functions.
- The founder(s) of a non-profit who typically hold position of Chairman or Board President.

If appropriate, an individual listed above may also be listed in this section. This section must be completed and is always applicable.

Please attach additional copies of this page, as needed				
Name/Title <sup>3</sup>	Date of Birth	Street Address	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Passport Number and Country of Issuance, or other similar identification number

I, \_\_\_\_\_ (person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

At the time of each subsequent loan or certificate of deposit CD renewal/rollover, the Bank does not require a new certification if: 1) The legal entity customer has a certification on file and 2) The legal entity customer and the CD remains the same. If any material changes have occurred, including signers, controlling interest individual, or beneficial owner(s), a new certification must be executed. Signing below certifies that the customer agrees to notify the Bank of any of these changes.

**Authorized Representative Signature:** \_\_\_\_\_

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

<sup>2</sup> Must be a person. If business entities are owners, then list the owners of these entities. All 25% or 10% (higher risk) owners must provide a current valid Drivers License or other acceptable identification.

<sup>3</sup> Must be a person, not a business, or other entity.

## Section V: Account Signer Identification Information – Deposit Customers Only

<b>Name 1 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Other <small>check all that apply</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer	Occupation	Previous Financial Institution		

<b>Name 2 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Other <small>check all that apply</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer	Occupation	Previous Financial Institution		

<b>Name 3 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Other <small>check all that apply</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer	Occupation	Previous Financial Institution		

<b>Name 4 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Other <small>check all that apply</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer	Occupation	Previous Financial Institution		

**Section V: Anticipated Deposit Account Activity – Deposit Customers Only**

Complete based on normal MONTHLY transaction activity for the business. This section is required for every account opened.

Please describe your industry and business activities:

Please describe in detail the products/services offered by the business:

What is the primary purpose of this new account (e.g. operating account, payroll, savings, retirement, etc.)?

What will be the source(s) of funds for ongoing deposits to the account (e.g. payments from customers, tenants, sales of products, payments from parent co., etc.)?

**CHECK ALL THAT APPLY**

	Monterey County	California	USA	International	If International, please list countries:
Where are your business suppliers located:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geographic location/s where the business resides:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geographic location/s of your customers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Types of banking services the business expects:**

If there is no expected activity, select the N/A box.

SERVICE	YES	N/A	ESTIMATED MONTHLY DOLLAR RANGES			
Currency/Cash Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$3,000	<input type="checkbox"/> \$3,000 - \$10,000	<input type="checkbox"/> \$10,000 to \$50,000	<input type="checkbox"/> IF >\$50K LIST AMT _____
Currency/Cash Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$3,000	<input type="checkbox"/> \$3,000 - \$10,000	<input type="checkbox"/> \$10,000 to \$50,000	<input type="checkbox"/> IF >\$50K LIST AMT _____
Receipt of Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Originate Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Receipt of International Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Originate International Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Receipt of ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Originate ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Receipt of Internat'l ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Deposit Checks Electronically <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$250,000	<input type="checkbox"/> \$250,000 - \$500,000	<input type="checkbox"/> MORE THAN \$500,000	



<sup>4</sup> Applies to PVB Remote Deposit Capture product where the customer utilizes a scanner to deposit checks to the Bank.