



GUNNISON SAVINGS AND LOAN

• 303 N. Main Street • Gunnison, Co 81230 •
• Administration/Savings Dept. (970) 641-2171 • (970) 641-9574 Fax •

Commercial Checklist

Please completely fill out this packet and bring back to Gunnison Savings and Loan with the following documents to open, modify, or renew a Legal Entity Account;

- Account Signer(s) Questionnaire Form.*
- Commercial Questionnaire Form.
- Beneficial Ownership Form.
 - Beneficial Ownership Exemption Form (if applicable)
- Corporate Resolution (structure of business).
- Tax ID Assignment Form (EIN).
- Colorado Secretary of State Certificate of Good Standing
- Board minutes- (who will be signatories and anyone else who may have access/receipts to account(s)).
- Current Government-issued photo identification for each account signer, beneficial owner, and control person.
- Social Security Card for each account signer, beneficial owner, and control person.

*This packet only allows information for two persons for a Commercial account. If you are intending to add additional account signers, please advised the teller your wishes so they may get additional packets.

LEGAL ENTITY QUESTIONNAIRE

Organization Name:

EIN:

Phone Number:

Physical Address:

City:

State:

Zip Code:

Mailing Address (if different):

City:

State:

Zip Code:

Business Structure: Corporation LLC Partnership Non-Profit Other _____

Is your business headquartered in the U.S.? Yes No

If no, where is your business headquartered?

Are you registered to do business in Colorado? Yes No

What type of business is this?

BUSINESS OPERATION

Is this a marijuana-related business? Yes No

Do you own, operate, or replenish an ATM? Yes No

Do you depend in whole or in part, on charitable donations and voluntary service for support? Yes No

Does your business involve any of the following (check all that apply)?

- Gambling Establishment Credit Card Systems Insurance Pawn Brokerage Loan or Finance
- Real Estate Securities or Commissions Telegraph Company U.S. Postal Service Travel Agency
- Vehicle Sales Government Agency Precious Metals None of the Above

Does your business involve any of the following (check all that apply)?

- Cash checks over \$1,000 for any person in one day?
- Issue or sell money orders over \$1,000 for any person in one day?
- Electronically transmit money on your customer's behalf?
To non-U.S. locations? Yes No If yes, where? _____
- Administer or exchange virtual currency?
- Non-network-branded card sales that exceed \$2,000 max value per device on any given day?
- Network-branded card sales that exceed \$1,000 max value per device on any given day?
Can the cards be used internationally? Yes No
- None of the Above

ACCOUNT INFORMATION

What will your account be used for? General Operation Payroll Savings Other _____

Will you regularly deposit or write checks? Yes No

Estimated monthly check deposits? (Enter Dollar Amount) \$ _____

Estimated monthly check withdrawals? (Enter Dollar Amount) \$ _____

Will you regularly deposit or withdraw cash? Yes No

Estimated monthly cash deposits? (Enter Dollar Amount) \$ _____

Estimated monthly cash withdrawals? (Enter Dollar Amount) \$ _____

Will you regularly send or receive wires? Yes No

If yes, to or from foreign countries? Yes No

Estimated monthly incoming wires? (Enter Dollar Amount) \$ _____

Estimated monthly outgoing wires? (Enter Dollar Amount) \$ _____

Will you regularly send or receive ACH's? Yes No

If yes, to or from foreign countries? Yes No

Estimated monthly incoming ACH's? (Enter Dollar Amount) \$ _____

Estimated monthly outgoing ACH's? (Enter Dollar Amount) \$ _____

Will you regularly participate in ATM withdrawals? Yes No

Estimated monthly ATM withdrawals? (Enter Dollar Amount) \$ _____

Will you regularly purchase monetary instruments (cashier's checks, money orders, etc.)? Yes No

Estimated monthly monetary instrument purchases? (Enter Dollar Amount) \$ _____

COMMENTS (OFFICE USE ONLY)

ACCOUNT SIGNER QUESTIONNAIRE

ACCOUNT SIGNER 1

Name: [] New Customer [] Existing Customer
Preferred Name (if different):
Date of Birth:
Home Phone:
Cellphone:
Email:
SIGNER 1 SSN:
Mother's Maiden Name:
PHOTO IDENTIFICATION INFORMATION
[] Driver's License [] State ID [] Passport [] Other:
Photo ID Number:
Date Issued:
Date Expires:

ADDRESS INFORMATION

Physical Address:
City: State: ZIP Code:
Mailing Address (if different):
City: State: ZIP Code:

EMPLOYMENT INFORMATION

Employment Status? [] Employed [] Self-Employed [] Student [] Minor [] Retired [] Disabled [] Unemployed
Employer and job title/position?
If retired/unemployed, who was your former employer and job title/position?

CITIZENSHIP INFORMATION

US citizen? [] Yes [] No
Citizenship in another country? [] Yes [] No If so, where?
Frequent traveler outside of US? [] Yes [] No If so, where?

***** If you are not a U.S. citizen, please complete the back of this form.*****

ACCOUNT SIGNER 2

Name: [] New Customer [] Existing Customer
Preferred Name (if different):
Date of Birth:
Home Phone:
Cellphone:
Email:
SIGNER 2 SSN:
Mother's Maiden Name:
PHOTO IDENTIFICATION INFORMATION
[] Driver's License [] State ID [] Passport [] Other:
Photo ID Number:
Date Issued:
Date Expires:

ADDRESS INFORMATION

Physical Address:
City: State: ZIP Code:
Mailing Address (if different):
City: State: ZIP Code:

EMPLOYMENT INFORMATION

Employment Status? [] Employed [] Self-Employed [] Student [] Minor [] Retired [] Disabled [] Unemployed
Employer and job title/position?
If retired/unemployed, who was your former employer and job title/position?

CITIZENSHIP INFORMATION

US citizen? [] Yes [] No
Citizenship in another country? [] Yes [] No If so, where?
Frequent traveler outside of US? [] Yes [] No If so, where?

***** If you are not a U.S. citizen, please complete the back of this form.*****

OFFICE USE ONLY

What type of account?
Account Number:
Reviewed By:
Date:
[] New Account [] Event Change

NON-U.S. CITIZEN (SIGNER 1)

If no Social Security Number, do you have a U.S. Individual Taxpayer Identification Number (ITIN)? Yes No

If yes, what is your ITIN? _____

Do you have a Green card (Permanent Resident ID card or Resident Alien Card)? Yes No

If yes, what is your USCIS (Alien Registration Number) Number?

Do you have a Visa? Yes No

If yes, what is your Visa Number? _____

What is your country of origin (home country or country of citizenship)?

NON-U.S. Citizen (SIGNER 2)

If no Social Security Number, do you have a U.S. Individual Taxpayer Identification Number (ITIN)? Yes No

If yes, what is your ITIN? _____

Do you have a Green card (Permanent Resident ID card or Resident Alien Card)? Yes No

If yes, what is your USCIS (Alien Registration Number) Number?

Do you have a Visa? Yes No

If yes, what is your Visa Number? _____

What is your country of origin (home country or country of citizenship)?



BENEFICIAL OWNERSHIP CERTIFICATION FORM

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires 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, renewing, or modifying an 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?

The form requires you to provide the name, physical address, date of birth, and Social Security Number or other similar information, in the case of foreign persons) for the following individuals (i.e. the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g. each natural person who owns 25% or more of the shares of the corporation; and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g. 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 four 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 may be identified in both sections (e.g. the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain identifying information of at least one individual under Section (ii) and up to five individuals (i.e. one individual under Section (ii) and four 25% equity holders under Section (i)).

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

BENEFICIAL OWNERSHIP FORM

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

Full Name of Natural Person Opening Account:	Title of Natural Person Opening Account:
Type of Legal Entity for Which the Account is Being Opened:	Legal Entity Identifier (Optional):
Name of Legal Entity for Which the Account is Being Opened:	
Physical Address of Legal Entity for Which the Account is Being Opened:	

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Full Name (Beneficial Owner)	Date of Birth & Percentage Owned	Address (Residential or Business Street Address)	Social Security Number
First Last	Percent:	Street City State & Zip	
First Last	Percent:	Street City State & Zip	
First Last	Percent:	Street City State & Zip	
First Last	Percent:	Street City State & Zip	

Provide 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 the ownership section above may also be listed in the section below).

Full Name/Title (of person with Control)	Date of Birth	Address(Residential or Business Street Address)	Social Security Number
First Last Title		Street City State & Zip	

Reason for Not Needing CDD Certification of Beneficial Owners

Name of Natural Person Opening Account:
Name of Legal Entity for Which the Account is Being Opened:
Physical Address of Legal Entity for Which the Account is Being Opened:

A Certification of Beneficial Owners is not required because the above entity is:

<input type="checkbox"/> Not a Legal Entity as defined in the rule; <input type="checkbox"/> Tax-exempt – Nonprofit <input type="checkbox"/> A financial institution regulated by a Federal functional regulator; <input type="checkbox"/> A bank regulated by a State bank regulator; <input type="checkbox"/> A Phase I Exempt Entity (specify) <input type="checkbox"/> A Government entity; <input type="checkbox"/> A Publicly traded company; <input type="checkbox"/> A Subsidiary of a publicly traded company; <input type="checkbox"/> An exempt entity registered with the Securities and Exchange Commission (SEC); <input type="checkbox"/> An exempt entity that is registered with the Commodity Futures Trading Commission; <input type="checkbox"/> A public accounting firm registered under the Sarbanes-Oxley Act; <input type="checkbox"/> A bank or savings and loan holding company;
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<input type="checkbox"/> A pooled investment vehicle that is operated or advised by a financial institution; <input type="checkbox"/> An insurance company that is regulated by a State; <input type="checkbox"/> A financial market utility designated by the Financial Stability Oversight Council; <input type="checkbox"/> A foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution; <input type="checkbox"/> A non-U.S. governmental department, agency or political subdivision; <input type="checkbox"/> Another type of legal entity only to the extent that it opens: <input type="checkbox"/> A private banking account subject to 31 CFR §1010.620; <input type="checkbox"/> An account opened for participating in an employee benefit plan established under ERISA.
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Provide 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 the ownership section above may also be listed in the section below).

Full Name/Title (of person with Control)	Date of Birth	Address(Residential or Business Street Address)	Social Security Number
First		Street	
Last		City	
Title		State & Zip	

Supervisor Sign Off

1. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

2. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

3. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

4. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

5. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

6. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

7. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

8. Name: _____ New Customer Current Customer

Type of Ownership: _____ Relationship to Acct/Signer: _____

of Signatures needed for withdrawal: _____ Opening Balance: _____

Account Number: _____ Product Code: _____

Account Type: _____ Maturity Date: _____

Interest Rate: _____ Interest Method: Compound Simple

Interest Destination: To Account By Check Transfer to Account #: _____

ChexSystem Record(s) or Retail Indicator:

None N/A Event change GS&L Loan Other: _____
 Employee Acct Non-Checking Acct

Teller's Initials & Date: _____

Supervisor Initials: _____