



## Information Needed to Open a New Account (Business)

### ACCOUNT TYPE

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Money Market Account
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit

Account Ownership:  Sole Proprietorship  Corporation  Limited Liability Company  Partnership  Non-Profit  Other \_\_\_\_\_

### BUSINESS

Business Name				EIN Number	
Business Address (Physical Address)		City	State	Zip	Business Phone ( )
Business Address (Mailing Address) <i>Optional</i>		City	State	Zip	Fax <i>(Optional)</i>
Forms of ID (Can consist of the following) <i>*The Bank must have a copy for its records*</i> <input type="checkbox"/> Articles <input type="checkbox"/> DBA Papers <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Operating Agreement <input type="checkbox"/> By-laws or Charter			Issue Date (mm/dd/yy)		Issued By
			Other		

### AUTHORIZED SIGNER 1

First Name		Middle Initial	Last Name		Date of Birth	Social Security Number	
Home Address (Physical Address)			City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit			1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
			2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City			Mother's Maiden Name		Position in Company		

### AUTHORIZED SIGNER 2

First Name		Middle Initial	Last Name		Date of Birth	Social Security Number	
Home Address (Physical Address)			City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit			1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
			2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City			Mother's Maiden Name		Position in Company		

**AUTHORIZED SIGNER 3**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		

**AUTHORIZED SIGNER 4**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		

**AUTHORIZED SIGNER 5**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Home Phone ( )	Business Phone ( )
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		

*\*All businesses and signers must pass Chex-Systems. Please include evidence of the two forms of identification for each signer. Member FDIC.*



# 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 25 percent or more of the equity interests of the legal entity listed above:

Name	Ownership %	Date of Birth	Address (Res. or Bus. Street Address)	For U.S. Persons <sup>1</sup>	For Non-U.S. Persons <sup>2</sup>

(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/Title	Date of Birth	Address (Res. or Bus. Street Address)	For U.S. Persons <sup>1</sup>	For Non-U.S. Persons <sup>2</sup>

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and on behalf of \_\_\_\_\_ (company), I agree to notify the financial institution of any change in such information.

X \_\_\_\_\_  
 Natural person opening account Date

<sup>1</sup> U.S. Persons must provide a Social Security Number.

<sup>2</sup> Non-U.S. Persons must provide a Social Security Number, passport number and country of issuance, or similar identification number. In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.

Legal Entity Identifier: \_\_\_\_\_ (Optional)

# RISK ASSESSMENT QUESTIONNAIRE

**Financial Institution:** Prime Alliance Bank  
Main Office  
1868 So. 500 West  
Woods Cross, UT 84087

## New Account Questionnaire

Account Name: \_\_\_\_\_

### All accounts:

Will you receive or initiate wires: - - - - - Yes No

### If yes:

How many wires do you believe you will do each month? \_\_\_\_\_

What is the approximate dollar amount you believe will be wired in and out each month?

In: \$ \_\_\_\_\_ Out: \$ \_\_\_\_\_

Will these wires be foreign or domestic? (Circle one) - - - - - Foreign - Domestic - Both

Do you anticipate large amounts of cash going in or out of this account? - - - - - Yes No

### If yes:

What is the approximate dollar amount of cash you believe will be deposited or withdrawn each month?

In: \$ \_\_\_\_\_ Out: \$ \_\_\_\_\_

What is the intended purpose for this account? (Circle one)

Personal/Household -or- Home Business -or- Business Entity

Did this account require a W-8BEN form? - - - - - Yes No N/A

### (Continue for Business Accounts)

Type of Business? \_\_\_\_\_

Year Established? \_\_\_\_\_

Is this a foreign corporation? - - - - - Yes No

Do you provide wire transfer services such as Western Union? - - - - - Yes No

Do you sell Official Checks or Money Orders or other guaranteed checks? - - - - - Yes No

Does this business cash checks? - - - - - Yes No

Will this business require remote deposit service? - - - - - Yes No Volume \_\_\_\_\_

Will this business require ACH processing service? - - - - - Yes No Volume \_\_\_\_\_

Is this a Money Service Business? - - - - - Yes No

Does your business engage in **any** internet gambling activities? - - - - - Yes No

### For Internal Use Only:

Rating: \_\_\_\_\_

Reason for Rating: \_\_\_\_\_

Employee's Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_