



HIAWATHA
NATIONAL BANK

Business/ Non-Individual Information Form

The USA Patriot Act was passed to help prevent fraud, identity theft and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity. When you open a new account, change an existing account or request a loan, you may be asked more questions and will be required to provide photo identification.

Date: ____/____/____

Name of Business/ Organization/ Trust: _____

Type of Business (X): Corporation: ____ LLC: ____ Sole Proprietor: ____ Partnership: ____ Non Profit ____

Corporation Type (If Applicable): L: ____ C: ____

Nature of Business: _____ Years at Address: ____

Business Address: _____

City/ State/ Zip: _____

Business Phone: _____ Cell Phone: _____ Business Fax: _____

Business Email: _____

Tax Identification Number: _____

Name of Individual Opening Account: _____

Beneficial Ownership: Yes: ____ No: ____ (If Yes, Complete Beneficial Ownership Certification Form)

Is Business involved in Internet Gambling: Yes: ____ No: ____ Owners initials ____ (if yes must provide documentation verifying involvement in legal internet gambling.)

Will Money Orders be sold? Sales to exceed \$1000 in currency from any person on any day in one or more transactions? Y or N (circle one)

Checks cashed for a fee? To exceed \$1000 in currency from any person on any day in one or more transaction? Y or N (circle one)

Money Transfer Service? Y or N (Circle One) Lottery Tickets Sold? Y or N (Circle one)

Privately Owned ATM? Y or N (Circle One) (If yes, who services the machine? Your Business ____ Other Vendor ____)

Marijuana Related Business? Y or N (Circle One)

Hemp Related Business? Y or N (Circle One)

Upon Completion of Account Opening, would you like the following products (X):

Business Debit Card: Yes: ____ No: ____

Name of Individual for Card #1: _____

Name of Individual for Card #2: _____

Checks: Yes: ____ No: ____ If yes for Checks, Singles ____ or Duplicates ____

Online Banking: Yes: ____ No: ____ (If Yes, Complete Business Online Banking Form)

Previous Financial Institution: _____

Other accounts with this institution: _____

Who referred you to Hiawatha National Bank: _____

Hiawatha National Bank reserves the right to make reference calls to employers and/or check verification companies. By signing below, you (the applicant) give authority to the financial institution to request a credit bureau report, for rating and application purposes. By signing below, you certify the above information to be true and factual. You understand that if any of the statements are false, the bank has the right to close this account, and that you will be responsible for all cost incurred.

Applicant Signature



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Types of Products/Services Expected:

- | | | | |
|------------------------------|----------|---------|--|
| Wire Transfers Domestic | Yes: ___ | No: ___ | |
| Wire Transfers International | Yes: ___ | No: ___ | |
| Monetary Instruments | Yes: ___ | No: ___ | <i>(Cashier's Check's and Money Order's)</i> |
| ACH Origination | Yes: ___ | No: ___ | |
| ACH Collection | Yes: ___ | No: ___ | |
| ACH Payroll | Yes: ___ | No: ___ | |
| Online Banking | Yes: ___ | No: ___ | |
| Mobile Banking/ Deposit | Yes: ___ | No: ___ | |
| External transfers | Yes: ___ | No: ___ | |
| Remote Deposit | Yes: ___ | No: ___ | |
| Bill Pay | Yes: ___ | No: ___ | |
| E-Statements | Yes: ___ | No: ___ | |
| Cash Change Orders | Yes: ___ | No: ___ | |

Money Service Business(MSB):

- | | | | |
|---|----------|---------|--|
| Money Service Business(MSB): | Yes: ___ | No: ___ | <i>(see below)</i> |
| Will Money Orders be sold? | Yes: ___ | No: ___ | <i>(Sale of Money Orders > \$1000 in currency per day per customer)</i> |
| Will Checks be Cashied for a fee? | Yes: ___ | No: ___ | <i>(Sales to exceed \$1000 in currency per day per customer)</i> |
| Money Transfer Service? | Yes: ___ | No: ___ | |
| Lottery Tickets Sold? | Yes: ___ | No: ___ | |
| Privately Owned ATM? | Yes: ___ | | |
| Is your business involved in any form of Internet Gambling? | Yes: ___ | | |

Expected Activity of Account :

Deposit Volume:

- Estimated Number of Monthly Deposits:
- Average of Each Deposit:
- Source of Common or Frequent Deposits:

Estimated Montly Check Volume:

- Estimated Number of Check's _____
- Average Total Dollar Amount of Checks

Estimated Monthly Cash Activity:

- Types of Currencies handled by the Business
- Estimated Currency Exchange Activity per Month:
- Estimated Cash In per Month : _____ Estimated Cash Out Per Month:

Estimated Wire Activity:

- Estimated International Outgoing Wire and Volume:
- Estimated International Incoming Wire and Volume:
- List of any Outgoing or Incoming Wire Activity:** Please attach a separate sheet
- Estimated Outgoing wire and Volume:



HIAWATHA
NATIONAL BANK

New Account Application-Customer Information Form – Individual-One for each account holder

The USA Patriot Act was passed to help prevent fraud, identity theft and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity. When you open a new account, change an existing account or request a loan, you may be asked more questions and will be required to provide photo identification.

Date: ___/___/_____ Please (X) One: Individual:___ Joint:___ Sole Proprietor:___

Full Legal Name: _____

Address: Street/City/State/Zip: _____

Mailing Address (if different): _____

How Long Have you lived at present address (years, months): _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

SSN: _____ EIN: _____

Date of Birth: _____ Place of Birth (City & State): _____

ID Type(X): Drivers License: ___ Passport: ___ ID Card: ___

Identification Number: _____

State Issued: _____ Issued Date: ___/___/_____ Expiration Date: ___/___/_____

Email Address: _____

Current Employer: _____

Address: Street/City/State/Zip: _____

If self-employed, what type of business: _____

Occupation: _____ *(If Retired, what was your last occupation, ex. Retired Teacher)*

Name of Closest Relative/Friend: _____

Address: Street/City/State/Zip: _____

Relationship: _____ Phone#: _____

Who referred you to Hiawatha National Bank: _____

The following questions may be used for verification purposes:

Mother's Maiden Name: _____

What would you like for your unique verbal passcode: _____

Passcode Hint: _____

(Your Passcode should be something only you know)

Would you like the following? Y/N Debit Card ___ Checks Ordered ___

Would you like the following? (X} Single Checks ___ Duplicate Checks ___

Hiawatha National Bank reserves the right to make reference calls to employers and/or check verification companies. By signing below, you {the applicant} give authority to the financial institution to request a credit bureau report, for rating and application purposes. By signing below, you certify the above information to be true and factual. You understand that if any of the statements are false, the bank has the right to close this account, and that you will be responsible for all cost incurred.

Applicant Signature



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Date: ___/___/_____ Please (X) One: Individual:___ Joint:___ Sole Proprietor:___

Full Legal Name: _____

Address: Street/City/State/Zip: _____

Mailing Address (if different): _____

How Long Have you lived at present address (years, months): _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

SSN: _____ EIN: _____

Date of Birth: _____ Place of Birth (City & State): _____

ID Type(X): Drivers License: ___ Passport: ___ ID Card: ___

Identification Number: _____

State Issued: _____ Issued Date: ___/___/_____ Expiration Date: ___/___/_____

Email Address: _____

Current Employer: _____

Address: Street/City/State/Zip: _____

If self-employed, what type of business: _____

Occupation: _____ *(If Retired, what was your last occupation, ex. Retired Teacher)*

Name of Closest Relative/Friend: _____

Address: Street/City/State/Zip: _____

Relationship: _____ Phone#: _____

Who referred you to Hiawatha National Bank: _____

The following questions may be used for verification purposes:

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Hiawatha National Bank reserves the right to make reference calls to employers and/or check verification companies. By signing below, you {the applicant} give authority to the financial institution to request a credit bureau report, for rating and application purposes. By signing below, you certify the above information to be true and factual. You understand that if any of the statements are false, the bank has the right to close this account, and that you will be responsible for all cost incurred.

Applicant Signature



BENEFICIAL OWNERSHIP CERTIFICATION FORM

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 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 non-U.S. 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, 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 the 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 may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Hiawatha National Bank

BENEFICIAL OWNERSHIP CERTIFICATION FORM

Persons opening an account on behalf of a legal entity must provide the following information¹.

Name of Person Opening Account	
Name of Legal Entity for which the Account is being Opened	
Legal Entity Type	

OWNERSHIP PERCENTAGE

Please provide the following information² for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25% or more** in the equity interests of the legal entity listed above.

Name	Date of Birth	Address	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number ³	Ownership %

...Continued on the following page



IMPORTANT: If there is a legal entity that owns 25% or more of this legal entity customer, please complete the **Beneficial Ownership Addendum** located on Page 4.

¹ Modeled from FinCEN Appendix A, Certification Regarding Beneficial Owners of Legal Entity Customers.

² We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

³ In lieu of a passport number, non-U.S. 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.

BENEFICIAL OWNERSHIP CERTIFICATION FORM

CONTROLLING INTEREST

Please provide the following information⁴ 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 or Treasurer); OR
- Any other individual who regularly performs similar functions.

Name & Title	Date of Birth	Address	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number ⁵

CERTIFICATION & AGREEMENT TO NOTIFY

I, _____, hereby certify, to the best of my knowledge, that the information provided herein is complete and correct. I also agree to notify Hiawatha National Bank of any change in the information provided within this Certification.

Signature _____

Date _____

Legal Entity Identifier: _____ (Optional)

Account Number: _____

Date: _____

⁴ We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

⁵ In lieu of a passport number, non-U.S. 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.

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BENEFICIAL OWNERSHIP ADDENDUM

This addendum should be used when there is legal entity or entities that owns 25% or more of the legal entity customer opening this account.

Legal Entity Name⁶	
% Ownership in Legal Entity Opening the Account	

Please provide the following information⁷ for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25% or more** in the equity interests of the legal entity listed above.

Name	Ownership %

Are any of the individuals listed above also owners of the legal entity seeking to open this account? Yes No

If you selected “Yes” above, please provide the following information for **each** individual, who **owns 25% or more** in the equity interests of the legal entity seeking to open this account⁸.

Name	Date of Birth	Address	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number ⁹	Ownership %

⁶ Name of the legal entity that has ownership in the legal entity seeking to open the account.

⁷ We may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

⁸ Aggregate ownership between the entities to determine total ownership of the legal entity customer seeking to open the account.

⁹ In lieu of a passport number, non-U.S. 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.



Business Online Banking Application

Business Information:					
Business Name			EIN		
Address					
City			State		Zip Code
Contact Name			Contact Telephone Number		
Contact Email Address			Convert from Retail Online Banking <input type="checkbox"/>		Retail User Id <input type="checkbox"/>

Type of Online Banking Access			
Select one box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Access	Basic	Classic	Classic Plus
Fees:	None	Consult Banker	Consult Banker
Includes	Bill Payment	Bill Payment	Bill Payment
	E-Statements	E-Statements	E-statements
	Check Reorder	Check Reorder	Check Reorder
	External Transfer	External Transfer	External Transfer
	Funds Transfer	Funds Transfer	Funds Transfer
	Stop Payments	Stop Payments	Stop Payments
	Additional Users	Additional Users	Additional Users
		Cash Management options	Cash Management Options
		Wire Transfer Domestic**	Wire Transfer Domestic**
		Wire Transfer International**	Wire Transfer International**
		Remote Deposit*	Remote Deposit*
Additional fees may apply			Payroll Origination
			ACH File Origination*
Classic Plus additional Requirement Separate ACH Agreement <input type="checkbox"/> <input type="checkbox"/>			

Users			
Name, Title & User ID	Secure Access Code Phone Number (s)	Email Address	Access Level Limits
#1 Name & Title			<input type="checkbox"/> Full <input type="checkbox"/> Limited
#1 User ID (min of 8 characters)			
#2 Name & Title			<input type="checkbox"/> Full <input type="checkbox"/> Limited
#2 User ID (min of 8 characters)			
#3 Name & Title			<input type="checkbox"/> Full <input type="checkbox"/> Limited
#3 User ID (min of 8 characters)			
#4 Name & Title			<input type="checkbox"/> Full <input type="checkbox"/> Limited
#4 User ID (min of 8 characters)			

Accounts			
Type of Account (check one)	Account Number	User Access	User Specifications
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>		<input type="checkbox"/> Full Access All Users <input type="checkbox"/> Limited Access	Specify Users and Limits:

Authorization	
<p>You understand by enrolling you will be able to access the above accounts at Hiawatha National Bank and transfer funds between like accounts at Hiawatha National Bank. Limitations on frequency of transfers on MMDA apply to computer transfers. By signing below, you agree to be bound by the rules regulating this account and any amendment to them. You are certifying that all information you have given us is accurate. If you do not use our internet banking service for a three month period your account will be blocked and internet access terminated.</p> <p>If you wish to terminate internet service, please notify us by calling 888-460-8723 or writing a letter.</p> <p>After receiving your application you will receive your temporary password and user name by e-mail. DO NOT tell anyone your User Name and Password.</p>	
Authorized Signature	Date

Bank use only	Input by & date	Contacted client
---------------	-----------------	------------------

Client/Company Name _____

All business Online Banking users please answer the following:		
Mark yes or no which of the below features you plan to use	Y	N
External Transfers (transferring to or from your accounts at other Financial Institutions)*	<input type="checkbox"/>	<input type="checkbox"/>
Remote Deposit Capture**	<input type="checkbox"/>	<input type="checkbox"/>

* Requires officer approval

** Requires completion of Remote Deposit Capture Agreement and Contract and officer approval.

If approved for either, access will be granted after the account has been open and in good standing for 30 days

If you are requesting Classic or Classic Plus, please answer the following:	Y	N
Do you plan to initiate Wire Transfers online?	<input type="checkbox"/>	<input type="checkbox"/>

If you are requesting Classic Plus, please answer the following:		
Type of Business:		
Number of years in operation:	Under present management since:	
Mark yes or no which of the below features you plan to use	Y	N
ACH Payments (send money via ACH)	<input type="checkbox"/>	<input type="checkbox"/>
Estimated dollar amount per month	\$	
ACH Collections (receive money via ACH)	<input type="checkbox"/>	<input type="checkbox"/>
Estimated dollar amount per month	\$	
Payroll*	<input type="checkbox"/>	<input type="checkbox"/>
Estimated dollar amount per month	\$	
Frequency		

*Online Dual Control required for Payroll. If not set up for dual control a separate transmittal form is needed

- Do any of the users listed in the application need to have limited or no access to any of the above options? If so, please list below

- If a user is only an online banking user and not a signer on the account, or an authorized representative in the ACH Agreement, they may have view/draft access ONLY. This way they can perform all transaction processing but will need a signer on the account to approve via e-mail produced by Q2

- Client's with a Business line of credit needs an additional form and loan officer approval required for full access