



Your time is valuable! This Business Relationship Application is intended to expedite the account opening process. Republic Bank serves customers in Duluth, Hibbing, Esko and surrounding communities in Northeastern Minnesota.

For most accounts and services, submission of this application will not replace the necessity for you to personally visit one of our convenient locations to complete the process. A representative from the bank will contact you to schedule an appointment. You will bring photo identification will sign account agreements at that time. Should you have any questions, please do not hesitate to contact us.

All applications are subject to verification and approval.

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.

Please complete the following and send through Republic Bank's secure email portal
<https://web1.zixmail.net/s/login?b=bankrepublic>
to personalbanking@bankrepublic.com or fax to 218-722-6901.
FOR YOUR SECURITY AND PROTECTION, DO NOT SUBMIT THIS FORM VIA UNSECURED EMAIL.

BUSINESS RELATIONSHIP APPLICATION

Date	Tax ID#	
Legal Business Name		
DBA (if other than legal name)		
Street Address		
City	State	Zip
Business Phone	Home or Cell Phone	
FAX #	Email Address	
Password	PW Reminder Question	
<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> EXISTING BUSINESS NATURE/PURPOSE OF BUSINESS:		

Please tell us about your business organization. Check all that apply.

- Sole Proprietor
- Partnership
- LLC Tax Classification of LLC:
 C Corp S Corp Partnership Single Member
- Corporation Tax Classification of Corporation:
 C Corp S Corp
- Non-Profit
- Other _____

Provide a copy of the business entity filing(s) from the Secretary of State.

(Certificate of Assumed Name, Partnership Agreement, Articles of Incorporation, Articles of Organization, etc.)

Does your business provide any of the following money-related services to its customers?	Yes	No
Provide check cashing services?		
Provide wire transfer services?		
Exchange currency including virtual currencies?		
Sell cashier's checks or money orders?		
Sell or redeem for cash any type of stored value cards (payroll cards, gift cards, etc.)?		
If yes to any of the above, a copy of your FinCEN Money Services Business (MSB) registration and BSA Policy is required.		
Provide 3 rd party processing services (ACH payments and/or credit card processing for other merchants)?		
Provide Internet Gambling?		
If yes, provide a copy of your gambling license or equivalent; Provide a commitment to notify the bank of any change in legal status; and Provide your 3 rd party certification of controls. A due diligence assessment will be performed and Senior Management approval by the bank is required before proceeding with any account opening.		
Own or operate ATMs?		
If yes, how many ATMs do you own and/or service?		
Where are they located?		
What are projected ATM funding needs on a weekly basis? \$		

**APPENDIX A to § 1010.230 -- 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, 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?

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 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**

- (ii) An individual with significant responsibility for managing the legal entity customer (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 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 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 five individuals (i.e., one individual under section (ii) and four 25 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.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

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

- a. *Name and Title of Natural Person Acting on Behalf of the Legal Entity:*

- b. *Name, Type, and Address of Legal Entity with Ownership of the Account:*

- 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:*

Beneficial Owner #1

Name	
Date of Birth	
Address (Residential or Business Street Address)	
<i>For U.S. Persons:</i> Social Security Number	
Driver's License Number, State and Date of Issuance and Expiration Date	
<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance or other similar identification number ¹	

Beneficial Owner #2

Name	
Date of Birth	
Address (Residential or Business Street Address)	
<i>For U.S. Persons:</i> Social Security Number	
Driver's License Number, State and Date of Issuance and Expiration Date	
<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance or other similar identification number ¹	

Beneficial Owner #3

Name	
Date of Birth	
Address (Residential or Business Street Address)	
<i>For U.S. Persons:</i> Social Security Number	
Driver's License Number, State and Date of Issuance and Expiration Date	
<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance or other similar identification number ¹	

Beneficial Owner #4

Name	
Date of Birth	
Address (Residential or Business Street Address)	
<i>For U.S. Persons:</i> Social Security Number	
Driver's License Number, State and Date of Issuance and Expiration Date	
<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance or other similar identification number ¹	

If no individual meets the definition of beneficial owner, 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 (Residential or Business Street Address)	
For U.S. Persons: Social Security Number	
Driver's License Number, State and Date of Issuance and Expiration Date	
For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance or other similar identification number ¹	

I, _____ (*name of natural person acting on behalf of the legal entity*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

¹ 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.

FOR BANK USE ONLY

APPLICATION REC'D BY: _____ DATE: _____ CIF # _____

Complete the document linked below and forward to lallan@bankrepublic.com
<Q:\Commercial Bankers\Commercial Deposit Accounts\New Account Risk Assessment.xlsx>

Rev. 05.11.18

Date	Tax ID#
Legal Business Name	CIF #
DBA (if other than legal name)	

For New Deposit Accounts:

Please tell us about your account usage.

Anticipated Average Balance \$_____ Anticipated Cash Deposits \$_____ per week month

Will you be sending or receiving domestic wires on a regular basis? Yes No

If yes, please describe the average amount and purpose: _____

Will you be sending or receiving foreign wires or cross-border funds on a regular basis? Yes No

If yes, please describe the average amount, to/from where, and the purpose of the funds: _____

Please complete a section for each authorized signer.

Name	Title	
Email Address	Office or Cell Number	
Home Address		
Driver's License #	Issuing State	Exp. Date
Social Security Number	Date of Birth	

Name	Title	
Email Address	Office or Cell Number	
Home Address		
Driver's License #	Issuing State	Exp. Date
Social Security Number	Date of Birth	

Name	Title	
Email Address	Office or Cell Number	
Home Address		
Driver's License #	Issuing State	Exp. Date
Social Security Number	Date of Birth	

Persons (in addition to signers) authorized to obtain account information:

Attach additional pages for signers and/or authorized personnel if necessary.

ERROR IN DEPOSIT – UNDER \$10

Will be changed unless other arrangements are made.

WILL BE USING NIGHT DEPOSITORY?

YES (attach agreement) NO

NSF CHECKS BUSINESS RECEIVED -- Checks under \$100 are automatically re-deposited through the Fed.

- SEND BACK IMMEDIATELY
- SEND THRU 2 TIMES
- SEND NSF CHECKS TO: _____
ADDRESS _____
PHONE # _____

BANK STATEMENT – Statements are mailed or delivered electronically unless special instructions are requested.

- PICK UP AT BANK: _____ BRANCH
- SEND DUPLICATE STATEMENT TO: _____
ADDRESS _____
PHONE # _____

Duplicate statement charge will apply.

ENDORSEMENT STAMP

(Cost will be debited from account.)

- SELF-INKING STAMP
- RUBBER STAMP
- NO STAMP NEEDED

I AM INTERESTED IN THE FOLLOWING BANK SERVICES

- BUSINESS DEBIT CARD
- MERCHANT CARD PROCESSING
- ONLINE BANKING / CASH MANAGEMENT
- PAYROLL DIRECT DEPOSIT / ACH
- VISA BUSINESS / TRAVEL CREDIT CARD
- REMOTE DEPOSIT CAPTURE

As of August 1, 1983, it is required by law that we ask the following questions:

- YES NO I have had a Checking Account at this or another financial institution for the last 12 months.
NAME OF INSTITUTION: _____
- YES NO Within the past 12 months have you had a Checking Account closed by another bank, without your consent, for NSF (Non-Sufficient Funds) check writing?
- YES NO Have you been convicted of a criminal offense involving the use of a check within the last 12 months?

As of June 1, 2010, transactions restricted by the Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) are prohibited from being processed through commercial accounts. It is required by law that you agree to notify Republic Bank of any changes in your legal authority to engage in Internet gambling.

I acknowledge that a person supplying a false material statement that is believed not to be true with respect to information requested on this application form is guilty of perjury.

Applicant's Signature _____
Date

APPLICATION REC'D BY: _____ FOR BANK USE ONLY ACCOUNT # _____
DATE: _____ DATE OPENED: _____