

New Business Account Checklist

REQUIRED DOCUMENTATION BY ENTITY TYPE

To assist in opening your new business account, we may request the following documentation. All items marked below are required for the specified entity type. Please gather these materials prior to your appointment.

REQUIRED FOR ALL ACCOUNT TYPES

- Personal Due Diligence Form for ALL owners with ≥25% ownership of business**
- Personal Due Diligence Form of ALL authorized signers, including Controller Manager**
- Color copy of valid ID for ALL owners ≥25% ownership of business and ALL authorized signers**
- EIN of business — For Sole Proprietor, the SSN of Proprietor is acceptable. For Irrevocable Trust, SSN of Grantor is acceptable.
- Trade Name / DBA if applicable

ADDITIONAL REQUIREMENTS BY ENTITY TYPE**Limited Liability Company (LLC)**

- Certificate of LLC
- Articles of Organization
- Operating Agreement or Affidavit of Sole Member
- Certificate of Good Standing

Corporation

- Certificate of Corporation
- Articles of Organization
- Corporate Bylaws with Meeting Minutes
- Certificate of Good Standing

Sole Proprietor

- Certification of Trade Name or Business License or State Sales Tax Certificate
- Certificate of Good Standing

Partnership

- Partnership Agreement
- Partnership Trade Name Certificate
- Certificate of Good Standing

Non-Profit Organization

- If incorporated, follow Corporation documentation guidelines
- If tax-exempt: IRS documentation / Tax Return
- If not tax-exempt: Authorization letter

Irrevocable Trust

- Memorandum of Trust or Full Copy of Trust
- Death certificate of Grantor if converting from a Revocable Trust due to death

Other Entities

We will contact you for further document requirements for:

Estate · IOLTA · Recreation / Club Accounts · State / Political Campaign Accounts

Business Due Diligence Form

COMPLETE ALL FIELDS · PRINT CLEARLY

BUSINESS INFORMATION

★ All fields are **REQUIRED** unless otherwise noted.

ENTITY NAME		EIN
PHYSICAL ADDRESS (NO PO BOX)		
PHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)		
NATURE OF BUSINESS	REFERRED BY	SOURCE OF FUNDS

Current Bank Customer YES NO

IF NO, CURRENT BANK NAME *(only complete if not a current customer)*

BUSINESS OWNERSHIP TYPE

<input type="checkbox"/> LLC-C Corp	<input type="checkbox"/> LLC-S Corp	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Irrevocable Trust

BUSINESS PROFILE QUESTIONS

Depending on your answers, Prism Bank will reach out with some follow up questions if needed.

Do you have an on-premises ATM? Yes No

Is this business a Professional Services Provider (PSP)? Yes No

Is this a Marijuana Related Business? Yes No

Do you sell CBD Oil and/or CBD infused products? Yes No

Are you involved in the production and cultivation of Hemp? Yes No

Is this a Money Service Business (MSB)? (e.g. Cryptocurrency Exchange, Money Exchange) Yes No

Does any portion of business income come from internet gambling? Yes No

Is the entity an embassy, foreign consulate, or foreign mission? Yes No

Do you depend in whole or part on charitable donation and voluntary service? Yes No

Will you be processing transactions that benefit a third-party? Yes No

Do you currently use Treasury management services? Yes No

Will you be using a courier / armored service for cash transactions? Yes No

TRANSACTION ACTIVITY

Depending on your answers, Prism Bank will reach out with some follow up questions if needed.

Will you be making cash deposits? Yes No *Amt/month: _____*

Will you be making cash withdrawals? Yes No *Amt/month: _____*

Will you be depositing checks? Yes No *Amt/month: _____*

Will you be making check withdrawals? Yes No *Amt/month: _____*

Will you be sending / receiving wires? Yes No *Amt/month: _____*

Will you be sending / receiving wires to / from non-US locations? Yes No *Amt/month: _____*

Personal Due Diligence Form

REQUIRED FOR ALL OWNERS & AUTHORIZED SIGNERS

PERSONAL INFORMATION

★ All fields are **REQUIRED** unless otherwise noted.

FULL NAME		SOCIAL SECURITY NUMBER (SSN)	
DATE OF BIRTH	PHYSICAL ADDRESS (NO PO BOX)		
PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)			
OCCUPATION	EMPLOYER		
REFERRED BY	SOURCE OF FUNDS	PERSONAL ACCOUNT PURPOSE	
Current Bank Customer <input type="checkbox"/> YES <input type="checkbox"/> NO			% OWNERSHIP
IF NO, CURRENT BANK NAME <i>(only complete if not a current customer)</i>			

TRANSACTION ACTIVITY

Depending on your answers, Prism Bank will reach out with some follow up questions if needed.

Will the initial deposit be ≥\$5,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be making cash deposits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amt/month: _____
Will you be making cash withdrawals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amt/month: _____
Will you be depositing checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amt/month: _____
Will you be making check withdrawals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amt/month: _____
Will you be sending / receiving wires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amt/month: _____
Will you be sending / receiving wires to / from non-US locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amt/month: _____

COMPLIANCE & BACKGROUND

Depending on your answers, Prism Bank will reach out with some follow up questions if needed.

Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently, or have you ever been a politically exposed person (PEP) or a senior political figure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an immediate family member or close associate of someone who is currently, or who was a PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you act as an intermediary between your clients and the bank, acting on your client's behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need a debit card? (For personal accounts only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be using mobile deposit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DO YOU HAVE CITIZENSHIP IN ANY OTHER COUNTRY? IF SO, PLEASE SPECIFY	
IF PEP-RELATED, PLEASE STATE YOUR RELATIONSHIP	