

# Switch your Business Account to The Citizens Bank today we will make it as easy as possible!

- Open your New Account: Fill out the attached New Account Information form and we will have everything we need to start your paperwork. Completion of this form will not immediately open an account. This is for information purposes only and is not considered a method of account opening. The completion of this form will begin the application process but all applications are subject to approval.
- Close your old account(s): Notify your old bank that you would like to close your account. If you use bill pay, bring us a list of your payees and we will help you set them up.
- Provide Beneficial Ownership Information: To help fight financial crime, the U.S.
   Government passed regulations making it mandatory for financial institutions to collect information on beneficial owners of legal entity clients.
- Cash Management: Let us know what Cash Management options you are interested in and our team will contact you with more information and help you with the setup every step of the way.

The Citizens Bank is very excited that you are interested in our bank. Our friendly and helpful employees are always willing to assist in making your switch as easy as possible. Please feel free to call your local branch.



WWW.TCBSC.BANK PPLE/ANDROID APP: TCB 2G



## NEW BUSINESS ACCOUNT INFORMATION



Business Information (use legal entity name)	Signer (1)
Name	Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Mailing Address (if different)	Mailing Address (if different)
Work Phone	Home Phone Work Phone
Cell Phone	Cell Phone
Email Address	Email Address
Tax ID Number	Social Security Number
Type of Business Entity:	Driver's License Number Expiration Date
<ul> <li>Limited Liability Company</li> <li>Corporation</li> <li>Non Profit</li> </ul>	Date of Birth
<ul> <li>Partnership</li> <li>Other:</li> </ul>	Employer Position
	Mother's Maiden Name

#### I would like to open:

 $\Box$  Personal Checking  $\Box$  Savings Account  $\Box$  CD  $\Box$  IRA  $\Box$  Other Account

 $\Box$  I/we would like an ATM/Debit Card, if so, which signers: \_

□ I/we would like E-Statements

□ I/we would like free online access, if so: *Provide Mother's Maiden Name with your Signer Information*.

□ I/we would like free bill pay activated on our online access

Please note that Primary and Joint account holders will need to sign an official account form in person at The Citizens Bank before the account can be opened. For your security, we will also need a copy of your drivers license, social security card and/or other form of identification. The purpose of this questionnaire is to begin the application process. All applications are subject to approval.



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# NEW BUSINESS ACCOUNT INFORMATION



### Signer (2) *if needed*

Signer	(3)	if needed	d

Name		Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Mailing Address (if differe	nt)	Mailing Address (if different)	)
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	
Email Address		Email Address	
Social Security Number		Social Security Number	
Driver's License Number	Expiration Date	Driver's License Number	Expiration Date
Date of Birth		Date of Birth	
Employer	Position	Employer	Position
Mother's Maiden Name		Mother's Maiden Name	

Please note that will need to sign an official account form The Citizens Bank before the account can be opened. For your security, we will also need a copy of your drivers license, social security card and/or other form of identification.

The purpose of this questionnaire is to begin the application process. All applications are subject to approval.



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Please provide the following requested information. All information is required unless otherwise noted and must be completed by a person with the intent to open an account or apply for credit. Additional information may be requested based upon response provided.

### **Business Information**

Legal Entity Name:	
Address (No PO Box):	
Business Phone:	

### **Individual Information Control Person**

**Control Person** is an individual with significant responsibility to control, manage or direct the Customer. Examples include: CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer or any other individual who regularly performs similar functions.

\*PO Box address not allowed.

Control Person Full Legal Name:			
SSN/Individual Tax ID:		DOB:	
I am also a Beneficial Owner with		% Ownership	
Address (No PO Box):		<b>dency status</b> : U.S. Citizen Resident Alien Non-Resident Alien	
ID Information:			
Туре:		Issue State/Country:	
Number:			
Issue Date: Expiration			
Position/Title:			
Occupation:			
Politically Exposed Person Senior Political Figure			



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### **Beneficial Owner(s)**

**Beneficial Owner** is an <u>individual person</u> (not a company) who owns an interest in the Customer. All individuals with **25%** or more ownership interest in the Customer must be identified.

\*PO Box address not allowed.

No Individual Beneficial Owner Meets the 25% ownership threshold				
Beneficial Owner 1: % Ownership		Beneficial Owner 2: % Ownership		
Full Legal Name:		Full Legal Name: SSN/Individual Tax ID: DOB:		
Address (No PO Box):	Residency status:	Address (No PO Box):	Residency status: U.S. Citizen Resident Alien Non-Resident Alien	
ID Information:		ID Information:		
Туре:		Туре:		
Issue State/Country:		Issue State/Country:		
Number:		Number:		
Issue Date: Expiration	on Date:	Issue Date: Expiration Date:		
Occupation:		Occupation:		
Politically Exposed Person:  Senior	r Political Figure: 🗌	Politically Exposed Person:		
Beneficial Owner 3: % Ownership Full Legal Name: SSN/Individual Tax ID: DOB:		Beneficial Owner 4: % Ownership Full Legal Name: SSN/Individual Tax ID: DOB:		
Address (No PO Box):	Residency status: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien	Address (No PO Box):	Residency status: U.S. Citizen Resident Alien Non-Resident Alien	
ID Information:		ID Information:		
Туре:		Туре:		
Issue State/Country:	Issue State/Country:		Issue State/Country:	
Number:		Number:		
Issue Date: Expiration Date:		Issue Date: Expiration Date:		
Occupation:		Occupation:		
Politically Exposed Person: 🗌 Senior Political Figure: 🗌		Politically Exposed Person:  Senior Political Figure:		





Our Business Cash Management product can help you run your business more effectively, efficiency and easily. We can help you to be more in control of your accounts and your time by letting you create electronic files from your own computer! You send us your file and we will take care of the rest.

#### Please check which items you would like or would like more information about:

- □ Multiple Online Banking Users with tailored access levels
- □ Online Wires
- □ Payee Positive Fraud
- □ Originating ACH Files
- □ Business BillPay
- □ Remote Deposit Capture Machine

For questions about our Cash Management Options, please reach out to your local branch and if needed, they will get you connected with a specialist.

