


 Account #:
 Debit Card #:
 Banker Initials:

BUSINESS ACCOUNT APPLICATION

Business	Select Entity Type *Page 3 is required		Sole Proprietor	Corporation for Profit*	LP*	Corporation not for Profit*	
			Single Member LLC*	Municipality	LLP*	Unincorporated non-profit	
			LLC*	General Partnership*	LLLP*	Club/Benefit Account	
	Business Legal Name			Doing Business As	Nature of Business		
	Account Title (Optional)						
	Physical Address				City	State	Zip
	Mailing/Alternate Address				City	State	Zip
	Previous Address(if less than 2 years at current address)				City	State	Zip
	Purpose of Account			Business Phone		Business Fax	
	Employer Identification Number			Email			
Prior Banking Relationship / Bank Name				City/Zip			
Business Website (if available)				How did you hear about Flagship Bank?			
Signer 1	Legal Name						Title
	Check if Existing Customer:						
	Physical Address				City	State	Zip
	Mailing/Alternate Address				City	State	Zip
	Previous Address(if less than 2 years at current address)				City	State	Zip
	Home Phone			Cell Phone			
	Social Security Number		Date of Birth		Email		
	DL #			DL State	DL Issued	DL Exp	
	Legal Name						Title
	Check if Existing Customer:						
Physical Address				City	State	Zip	
Mailing/Alternate Address				City	State	Zip	
Previous Address(if less than 2 years at current address)				City	State	Zip	
Home Phone			Cell Phone				
Social Security Number		Date of Birth		Email			
DL #			DL State	DL Issued	DL Exp		
Signer 2	Legal Name						Title
	Check if Existing Customer:						
	Physical Address				City	State	Zip
	Mailing/Alternate Address				City	State	Zip
	Previous Address(if less than 2 years at current address)				City	State	Zip
	Home Phone			Cell Phone			
	Social Security Number		Date of Birth		Email		
	DL #			DL State	DL Issued	DL Exp	
	Additional Products/Services						
	Debit Card- POS Limit \$1,000, ATM \$309-			Signer 1	Signer 2	Overdraft Protection	
Credit Card					ACH Origination		
Bill Pay					Remote Deposit Capture		

As a full service bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity (estimate based on one month statement)		
	Total Expected Monthly Credit	Total Expected Monthly Debit
Cash	\$	\$
Checks	\$	\$
RDC/Mobile Deposit	\$	N/A
ACH	\$	\$
Domestic Wires	\$	\$
Foreign Wires	\$	\$

Additional Information

Do you expect to conduct transactions at multiple locations? If yes; please indicate locations:		Yes	No	
Will the business operate out of your home?	Yes	No		
Please list all business locations:				
Do you own/operate an ATM or plan to purchase an ATM? **If yes, provide a copy of state registration under the NMLS Company and a copy of the ATM agreement with sponsoring entity.			Yes	No
Who services/fills the ATM(s)?				
What is the expected monthly activity?				
What are the exact physical location(s)?				
Are you a Money Service Business, if yes in what capacity (currency dealer or exchanger, check casher, issuer of any money instruments, money transmitter)?		Yes	No	
Are you an art dealer, jewelry store, or deal in precious metals/stones?		Yes	No	
Do you have a separate financial institution as your primary financial Institution? If yes, provide name and location:		Yes	No	
<p>Sole Proprietors Only: Minnesota law requires the following information to be provided by one applicant if this is a transaction account.</p> <p>Have you had a transaction account closed by a bank/credit union without your consent within 12 months before making this application? Yes No Reason:</p> <p>Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? Yes No</p>				

As the owner or officer of this organization, I have been notified that Flagship Bank is required by Federal regulation to implement the Unlawful Internet Gambling Enforcement Act (Regulation GG - UIGEA) to ensure that its commercial customers' accounts do not receive deposits or other credits derived from illegal Internet gambling. Debit Card Applicants: All applicants must be at least 18 years old and agree that card usage and account access will be for business purposes and not personal, family, or household purposes. The business owner is responsible for retrieving the card upon termination of an employee, and calling ELAN or the bank to close the card. I acknowledge receipt of the Business Debit Card Agreement.

By signing below, I hereby certify that this organization does not engage in an Internet gambling business of any kind, either legal or illegal, and that I or a representative of the organization will notify Flagship Bank immediately if the organization engages in an Internet gambling business at any future time.

By signing this document, I authorize Flagship Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Flagship Bank products and services requested by me and that it will remain in force for the duration of my association. I certify that the information provided by me is true and correct to the best of my knowledge. An applicant supplying a false material statement that is believed not to be true with respect to information requested on the application is guilty of perjury. I further certify if at any time there are any changes in ownership, I will notify the bank within 30 days.

Signature(s)	
Sign	Date
Sign	Date



Date:
Bankers Initials:

Beneficial Owners Certification

New Customer

Existing Customer

Name of Legal Entity		Check here if Legal Entity is a Nonprofit For Entities other than Nonprofits Check here if no owners over 25%
Name of Person Opening Account	Title	

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.
For Non Profit corporations, certification needed only on Individual with Control.

Beneficial Owner 1

Name		Copy of ID obtained Exp Date:
Address		
Social Security Number	Date of Birth	

Beneficial Owner 2

Name		Copy of ID obtained Exp Date:
Address		
Social Security Number	Date of Birth	

Beneficial Owner 3

Name		Copy of ID obtained Exp Date:
Address		
Social Security Number	Date of Birth	

Beneficial Owner 4

Name		Copy of ID obtained Exp Date:
Address		
Social Security Number	Date of Birth	

Individual with Control

The following information for one individual with significant responsibility for managing the legal entity above, such as:

- An executive officer or a 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.

Name		Copy of ID obtained Exp Date:
Address		
Social Security Number	Date of Birth	

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further certify if at anytime there are any changes in ownership, I will notify the bank within 30 days.

Sign	Date
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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 ultimately 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 a new account on behalf of a legal entity with any of the following U.S. financial institutions: a bank or credit union; a broker or dealer in securities; a mutual fund; a futures commission merchant; or an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other 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 foreign persons) for the following individuals (i.e., the beneficial owners):

- ✓ 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
- ✓ 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 financial institution will ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.