

## DEPOSIT ACCOUNT APPLICATION — ENTITY

Instructions for Completing this Application - *Please read carefully!*

This application is for a deposit account offered by The Bancorp Bank, N.A. ("Bank"). Incomplete applications will delay processing and may be returned.

To open an account and to comply with banking regulations and Federal law, the following are required:

- Completed and signed application.
- Copies of required business documentation, as described in the Documentation Matrix shown below.

### Submission of Application

Please **mail or fax** (a) the completed, signed application and (b) copies of all required documentation, as applicable, to:

cfb Banking Services Attn: New Accounts  
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.385.5121 (include the number of pages being faxed)

Initial deposits by check may be mailed with the application. Make checks payable to The Bancorp Bank, N.A., and include on the "memo" line the legal name of the entity applicant and the account type (e.g., checking, savings, etc.).

Please note that for new customers, extended holds on deposits may apply during the first 30 days after account opening. Please refer to the "EXPEDITED FUNDS AVAILABILITY" section of the Account Agreement.

### Application and New Account Processing

Once we receive your application in our Delaware offices, processing will take two to three business days. You will be notified if any additional information is required for us to open the account.

You will receive the following items, as applicable, 7-14 business days after account opening:

- Welcome email/letter, which includes your password for Online Banking access
- Welcome Kit, which includes your User ID for Online Banking access and instructions for getting online. If you have another account currently being serviced by the Bank, you will not receive another User ID.
- Initial order of checks, if applicable
- ATM or debit card, if applicable
- Personal Identification Number (PIN) for ATM/debit card, if applicable. NOTE: PIN may arrive before the card.

*Each item will be sent separately for security purposes.*

Checks for future deposit should be made payable to the legal name of the entity and mailed with a completed deposit ticket (visit [www.cfdbankingservices.com](http://www.cfdbankingservices.com) and navigate to the Forms section) to:

cfb Banking Services Attn: Deposit Operations  
P.O. Box 15329, Wilmington, DE 19885-5329

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Documentation Matrix

Items Required for New Entity Accounts:

	Sole Proprietor	General Partnership	LLP or LP	LLC	Corporation	Foundation, Endowment, Nonprofit	Estates (see below)
Formation Documents — State Filed							
Articles/Certificate of Incorporation					✓	✓	
Articles/Certificate of Organization				✓			
Limited Partnership Certificate			✓				
Fictitious Name Registration (if applicable)	✓	✓	✓	✓	✓	✓	
Formation Documents — Federally Filed							
501(c)(3) Letter						✓	
Entity Governing Documents — Deposit Account <i>If the applicable Resolution is not already in place for the entity, the Bank’s Resolution of Authority form may be completed and submitted</i>							
Corporate Resolution					✓	✓	
Limited Liability Resolution				✓			
Partnership Resolution		✓	✓				
Estate Account <i>Deposit accounts opened on behalf of an estate require all relevant estate papers, including but not limited to Letters Testamentary and tax ID verification..</i>							

All accounts:

- Applications submitted without all required documentation will be delayed and may be declined for incompleteness
- Additional documentation may be requested to verify entity’s name, entity address, tax ID and/or personal identity of any entity signer designated on the application. You will be contacted by a representative if any additional documentation is required.

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### 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 customer that opens an account. What this means for you: when you open an account, we will ask you your name, address, date of birth and other information that will allow us to identify you. We may also ask to see a copy of your driver’s license or other identifying documents.

Please read and complete all sections, as applicable.

We collect personal information such as identifiers and customer records information when you complete an account application and Internet and other electronic network activity when you use Online Banking. The information is used to establish and service the account. Our privacy notice appears at [www.cfdbankingservices.com](http://www.cfdbankingservices.com).

Please keep a copy of the application for your records.

## PART 1: Entity Information

### Legal Entity Type:

- Publicly Traded Corporation
- Corporation
- General Partnership
- Limited Liability Company
- Limited Liability Partnership
- Professional Corporation
- S-Corporation
- Nonprofit
- Sole Proprietorship
- Estate
- Foundation
- Personal Investment Corporation
- Private Investment Vehicle
- Non-Governmental Organization
- Charity
- Other \_\_\_\_\_  
Type of Entity

Legal Entity Name		Federal Tax ID Number		Trade/DBA/FBO Name	
Street Address (no P.O. Box)		City		State	ZIP Code
Mailing Address (if different from above)		City		State	ZIP Code
Business Phone (and extension)	Fax	URL			
Number of Employees	Entity Purpose	Estimated Annual Revenue		Industry Type	

### Purpose of Account:

- Payroll
- Cash Management
- Savings
- Accounts Payable
- Accounts Receivable
- Operating
- Escrow
- Other \_\_\_\_\_

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Legal Entity Name:

Authorized Signature #1

Authorized Signer #1 Name SSN DOB (mm/dd/yyyy)

Permanent Address (no P.O. Box) City State ZIP Code

Home Phone Mobile Email

Title Occupation

Authorized Signature #2

Authorized Signer #2 Name SSN DOB (mm/dd/yyyy)

Permanent Address (no P.O. Box) City State ZIP Code

Home Phone Mobile Email

Title Occupation

Certification of Beneficial Owner(s) and Controlling Person of Legal Entity

The Authorized Representative opening an account on behalf of a legal entity must provide the following information.

Beneficial Owner(s)

Complete 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 identified above (if no individual meets this definition, please write "Not Applicable."

Full Name Date of Birth (mm/dd/yyyy)

Address City State ZIP Code

SSN (U.S. persons) Passport Number and Country of Issuance, or other similar identification number¹ (Foreign persons) Percentage of Ownership

¹ In lieu of a passport number, foreign 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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Legal Entity Name:

Full Name Date of Birth (mm/dd/yyyy)
Address City State ZIP Code
SSN (U.S. persons) Passport Number and Country of Issuance, or other similar identification number (Foreign persons) Percentage of Ownership

Full Name Date of Birth (mm/dd/yyyy)
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SSN (U.S. persons) Passport Number and Country of Issuance, or other similar identification number (Foreign persons) Percentage of Ownership

In lieu of a passport number, foreign 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.

Controlling Person

Complete the following information for one individual with significant responsibility for managing the legal entity identified 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.

Full Name Date of Birth (mm/dd/yyyy)
Address City State ZIP Code
SSN (U.S. persons) Passport Number and Country of Issuance, or other similar identification number (Foreign persons) Percentage of Ownership

In lieu of a passport number, foreign 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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Legal Entity Name:

PART 2: Product Information and Account Activity
Product Information

- Checking Accounts:
Small Business Checking
Advantage Business Checking (available only to nonprofit organizations and sole proprietorships)
- Savings Accounts:
Business Savings
Business Money Market

Account Activity

Please indicate the anticipated transaction volume and dollar amounts of account activity. Your estimates should include both incoming and outgoing transactions. To avoid a delay in processing the application, please be sure all sections below are completed.

Services/Type of Transaction	Estimated Monthly Activity		Estimated Monthly Total	
ACH	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Wire Transfers	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Checks	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Cash	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Remote Deposit Capture	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+

Will this account be used for international transactions?

No Yes If yes, list up to 3 non-U.S. countries where transactions may be sent or may originate:

Country 1 Country 2 Country 3

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Legal Entity Name: \_\_\_\_\_

PART 3: ATM/Debit Card

Yes, I/we would like a:      Debit Card (for Checking Accounts)    OR      ATM Card (for Savings and Money Market Accounts)

A unique, system-generated Personal Identification Number (PIN) will be mailed to each Authorized Signer who receives a debit card or ATM card. To customize your PIN, please have the card number and current PIN accessible and call the number provided on the card.

Check here if you do NOT want a debit card or ATM card for the account(s).

PART 4: Checks

Indicate whether you would like an order of checks for this account. If no election is made, checks will not be provided to you.

No, I/we do not want an order of checks.

Yes, I/we would like an order of checks. Entity name and street address listed in PART 1 will appear on checks.

PART 5: Financial Professional Information

**Signature Required.**

For purposes of this application, financial professionals, financial professional firms, advisors, agents and brokers shall be referred to, individually and collectively, as “Financial Professionals.”

Financial Professional Name		Financial Professional Firm Name	
Financial Professional's Advisor/Agent/RepID or Code	Marketing Code (if applicable)	TotalCash Manager (TCM) Company ID (if applicable)	
Business Address	City	State	ZIP Code
Business Phone (and extension)	Mobile Phone	Email	
Signature of Financial Professional		Date (mm/dd/yyyy)	

PART 6: Third-Party Statement Recipient

Complete statement recipient information below.

Check here if you are NOT designating any third-party account statement recipients, e.g., Financial Professional, CPA, attorney, etc.

Full Name	Firm Name
Address	City
	State
	ZIP Code

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Legal Entity Name: \_\_\_\_\_

## PART 7: Terms of Agreement

The Account Agreement is located at: [www.cfdbankingservices.com](http://www.cfdbankingservices.com) under Disclosures and Privacy Practices.

### Corporate Accounts

Each Authorized Signer agrees that any account(s) opened as a result of this Application will be governed by the terms set forth in the Account Agreement, all disclosures, and Schedule of Fees as each may be amended by the Bank from time to time.

### Partnership and Other Organizational Accounts

Each Authorized Signer agrees that any account(s) opened as a result of this Application will be governed by the terms set forth in the Account Agreement, all disclosures, and Schedule of Fees as each may be amended by the Bank from time to time.

### Sole Proprietorship

Each Authorized Signer agrees, jointly and severally if multiple signers, that any account(s) opened as a result of this Application will be governed by the terms set forth in the Account Agreement, all disclosures, and Schedule of Fees as each may be amended by the Bank from time to time.

## PART 8: Authorizations, Indemnifications, Agreements, and TIN Certification

### Signature Required

#### Limited Attorney-in-Fact Authorization, and Indemnification

I/We hereby give the Financial Professional designated in Part 5 of this application authorization to view or obtain information about all of my/our accounts at the Bank, whether previously opened, now opened or opened in the future. My/Our Financial Professional may view or obtain the information in any manner, including by online access granted to him/her. I/We authorize the Bank, upon request of the Financial Professional, to provide information to the Financial Professional about balances and transactions in the account, to the same extent that I/we could obtain such information.

I/We understand the Financial Professional shall not be authorized to withdraw funds or assets from my/our account(s), except as specifically provided by me/us.

I/We hereby agree to indemnify and hold harmless the Bank from, and to pay the Bank promptly on demand for, any and all losses arising from the Bank's actions in accordance with this authorization.

This authorization and indemnification are in addition to and in no way limit or restrict any rights that the Bank or my/our Financial Professional may have under any other agreement or agreements between me/us and the Bank. This authorization and indemnification are continuing and shall remain in full force and effect until revoked by me/us by a written notice received by the Bank at the address provided on the first page of this application, directed to the attention of Deposit Operations, but such revocation shall not affect the Bank's or my/our Financial Professional's rights or my/our obligations relating to the period preceding such revocation.

#### Other Agreements, Authorizations, and Indemnifications

I/We verify that all information provided in this Application is true and correct to the best of my/our knowledge and is provided for the purpose of obtaining the account requested. In addition:

- I/We agree to notify the Bank immediately, in writing, of any material change in the facts stated in this application.
- I/We authorize the Bank to order consumer reports about me/us from consumer reporting agencies and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain about me/us in response to such inquiries.
- I/We authorize the Bank to receive information as occasioned from time to time regarding me/us or my/our proprietors, partners, principals, agents or representatives from third parties, and to verify any information on the application. I/We waive any claims against the Bank for invasion of privacy or any similar claim that might arise as a result of the Bank's investigation of me/us or my/our proprietors, partners, principals, agents or representatives.
- I/We understand that, upon execution of this Application and authorization, the Bank shall provide me/us with a User ID and Password (collectively, "Access Codes") for online access to my/our account. I/We agree to assume all risks and losses associated with the disclosure of my/our Access Codes to third parties.
- I/We understand that the Bank's ability to provide services hereunder may be conditioned on the continuing availability of certain services from third parties with which the Bank has contracted. Therefore, I/we authorize the Bank to share my/our personal information with third parties consistent with the Bank's privacy practices.
- I/We authorize the transfer of information, as necessary, from my/our account at the Bank to third parties for the purpose of providing bank account information and to facilitate the program.



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Legal Entity Name:

- I/We understand and accept that if my/our account has multiple signers, the Bank is only required to verify one of them to process a transaction.
- I/We understand and accept that this account is subject to all applicable rules and regulations adopted by the Bank and as amended from time to time.

TIN Certification

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number (TIN) (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding under Internal Revenue Service (IRS) regulations, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen (or a U.S. resident alien); and (4) I am exempt from FATCA reporting.

CERTIFICATION INSTRUCTIONS: You must cross out Item 2, above, if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signatures

I/We have read and understand the above certification, agreements, authorizations, and indemnifications. By signing this application, I/we agree to be bound by the certification, agreements, authorizations, and indemnifications, as well as the terms and conditions of the account.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature of Authorized Signer #1 (primary contact) Date (mm/dd/yyyy)

Print Name

Signature of Authorized Signer #2 Date (mm/dd/yyyy)

Print Name