

Customer Identification Questionnaire (CIQ)

(USA PATRIOT ACT – Know Your Customer)

In order to comply with **31 CFR 1020.220** — “Customer Identification Programs for Banks, Savings Associations, Credit Unions, and Certain Non-Federally Regulated Banks” Customer Identification Program (CIP Rule), U.S. Bank National Association must identify its customers.

To help the United States government fight the funding of terrorism and prevent money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens an account. U.S. Federal law also requires financial institutions to conduct ongoing customer due diligence, verify the identity of beneficial owners of certain legal entities, and comply with U.S. Economic Sanctions. U.S. Bank may require identification information on Customer, its Affiliates, Related Parties, or Cardholders, if applicable, to allow U.S. Bank to remain in compliance with U.S. Federal law or U.S. Bank policy. Customer agrees to promptly provide such identification information to U.S. Bank, and Customer shall cause its Affiliates, Related Parties or Cardholders, if applicable, to provide identification information to U.S. Bank.

Legal Customer (Entity) Name _____

(Provide the exact full legal name of the entity listed in the agreement and on incorporation documents such as Articles of Incorporation, Partnership Agreement, etc. If a Sole Proprietorship, please provide the full legal name of the individual above including First, Middle and Last Name.)

Answer all questions completely and thoroughly, including providing the complete full legal name for all individuals (First Middle and Last Names). Questionnaires with missing information may incur processing delays. Do not leave any section blank unless instructed to do so.

CUSTOMER (Entity) INFORMATION

Tax Identification Number (EIN, TIN, ITIN or SSN)	
Physical Business Street Address (PO Boxes are not acceptable)	
City	
State/Province	
Postal Code	
Country	

Do any of these apply to your business?

- Yes (check those that apply) No (Supply formation documents or current business license)
- U.S. Financial Institution regulated by a federal or state bank regulator
- U.S. Unit of government: federal, state, county, municipal and governmental agencies
- Publicly traded [listed on a U.S. stock exchange (NYSE, NYSE MKT LLC – Formerly NYSE AMEX and the American Stock Exchange, NASDAQ)]

Name of Exchange _____ Ticker Symbol _____

- Majority Owned (51% or greater) subsidiary of a Publicly traded parent entity [listed on a U.S. stock exchange (NYSE, NYSE MKT LLC – Formerly NYSE AMEX and the American Stock Exchange, NASDAQ)]

Name of Exchange _____ Ticker Symbol _____

Note: If any of the above are selected, complete and return **Pages 1 and 2** of this form. If “No” is selected above, or if none of the checkboxes above pertain to you, please complete the rest of the form in its entirety.

STANDARD DUE DILIGENCE INFORMATION

1	Is this entity Doing Business As (DBA) any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a	If "Yes," provide all DBAs or trade names used for the same entity.	
1b	If address for DBA is different than the one supplied for the entity above, please list here.	
2	Provide a thorough description of the nature of your business .	
3	Provide the legal structure of your business (e.g., LLC, Corporation, Sole Proprietorship, Not for Profit, Trust, Government).	
4	Provide the country where this entity was created.	
5	What is the country of primary business operations?	
6	If your company is a Non-Governmental Organization (NGO) or Charity, does your company plan on sending or receiving funds internationally (outside of the United States) in excess of \$25,000 yearly?	
7	Does this business provide any of the following services that would individually or collectively constitute 40% or more of your annual revenue: <ul style="list-style-type: none"> • Offer check cashing services? • Issue or cash traveler's checks or money orders? • Provide money transmission services or foreign exchange services? • Offer prepaid cards? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8	What is the expected monthly international activity for this product, in U. S. Dollars? "N/A" or "None" is not acceptable, must be a numeric value of \$0 or	\$
9	What is the entities' estimated or projected annual revenue/budget in U. S. Dollars? "N/A" or "None" is not acceptable, must be a numeric value of \$0 or more.	\$

AUTHORIZED SIGNER(S)

List the individual or individuals **signing** the CPS contract, agreement or application. If necessary, please complete and attach additional pages for Authorized Signers.

	Full Name (First Middle Last)	Title	Date of Birth	OR Physical Residential Address (Preferred) or Business Address (PO Boxes are not acceptable)
1	<input type="checkbox"/> No Middle Name Exists			
2	<input type="checkbox"/> No Middle Name Exists			

BENEFICIAL OWNER – Direct and Indirect Owners

- List **all** owners (individuals) that directly or indirectly, through any contract, arrangement, understanding, or relationship, owns **25% or more** of the contracting legal entity listed at the top of this form.

	Owner #1	Owner #2	Owner #3	Owner #4
Full Legal Name (First Middle Last)				
	<input type="checkbox"/> No Middle Name Exists	<input type="checkbox"/> No Middle Name Exists	<input type="checkbox"/> No Middle Name Exists	<input type="checkbox"/> No Middle Name Exists
Date of Birth (MM/DD/YYYY)				
Select One and Provide: <input type="checkbox"/> Physical Residential (preferred) OR <input type="checkbox"/> Business Address (PO Boxes are not acceptable)				
For U.S. Persons: Social Security Number (SSN); for Non-U.S. Persons: SSN or Passport Number & Country of Issuance, or other similar identification number				
Ownership Percentage				
Direct or Indirect Ownership of Contracted Entity?				
If Indirect, through which entity is ownership held? (Must list entity in Intermediary Entity Owners section below)				
<input type="checkbox"/> Check box if no individual person holds more than a 25% share <input type="checkbox"/> Check box if less than 100% total ownership is listed and there are no other individuals that have 25% or more ownership interest through direct or indirect ownership.				

INTERMEDIARY ENTITY OWNERS

Please list **multiple** layers of business or non-individual entity ownership used to drill down to the individual beneficial owners (persons) identified above for the Section **BENEFICIAL OWNER - Direct and Indirect Owners**. If necessary, complete and attach additional pages for intermediary entities.

	Entity #1	Entity #2	Entity #3	Entity #4
Full Entity Legal Name				
Physical Business Street Address (no PO Boxes) including City, State/Province, Country and Postal Code				
Ownership Percentage				

BENEFICIAL OWNER - Control

List **one** individual with responsibility to **control, manage** or **direct** the business.

Full Name (First Middle Last)	Title	Date of Birth	For U.S. Persons: Social Security Number (SSN); for Non-U.S. Persons: SSN or Passport Number & Country of Issuance, or other similar identification number	Physical Residential (preferred) or Business Address (PO Boxes are not acceptable)
<input type="checkbox"/> No Middle Name Exists				

CERTIFICATION

I, the Account Opener, hereby certify that to the best of my knowledge, the information provided about me, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and correct.

Account Openers must be a Member or Manager of an LLC, Partner of a Partnership, Business Owner, CEO, Controller, COO, CFO, Secretary or other Officer.

Signature	
Printed Full Legal Name (First Middle Last)	
<input type="checkbox"/> No Middle Name Exists	
Title	
Date	