



BUSINESS/ORGANIZATION DEPOSIT APPLICATION

SECTION 1: BUSINESS/ORGANIZATION INFORMATION

NEW CLIENT EXISTING CLIENT

Business/Organization Name: Industry:

Doing Business As (DBA): Tax ID Number: NAICS Code:

Physical Address:

Mailing Address (if different from above):

Business Telephone: Business Fax:

Email: Website:

Organization Type (legal status): Where does the business operate (City/State):

Is the organization wholly or partially owned or funded by the government or state (or a government-affiliated agency)? Yes No
If "Yes," specify which government entity, how the business is funded, and the percentage of which the government owns:

Is the business a marijuana dispensary? Yes No

Is the business an internet gambling business? Yes No

Does the business engage in any of the following services/activities?

- Money Orders (sales/redeemed) Travelers Checks (sales/redeemed) Check Cashing
Stored Value Cards (sales/redeemed) Funds Transfer Services/Money Transmitter

Is the business registered as a "Money Services Business?" Yes No If "Yes," specify: Federal Registration State Registration

Does the business own, lease or keep on-site an ATM or cash dispenser? Yes No If "Yes," please complete an ATM information sheet.

SECTION 2: SIGNER INFORMATION

Signer Name (1): Title:

Social Security Number: Date of Birth: Mother's Maiden Name:

ID 1 Type (and issuer): ID 1 #: ID 1 Issue Date: ID 1 Exp. Date:

ID 2 Type (and issuer): ID 2 #: ID 2 Issue Date: ID 2 Exp. Date:

Home Address:

Home Telephone: Mobile Telephone:

Email Address: Work Telephone:

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction:

ACCEPTABLE FORMS OF IDENTIFICATION

ID 1 Type

- State Issued Driver's License
State Issued ID Card
Military ID
Passport
U.S. Alien Registration Card

ID 2 Type

- Utility Bill
Student ID Card
Social Security Card
Birth Certificate
Credit Card
Insurance Card
Firearm License
Voter Registration Card
Organization Membership Card

SIGNER INFORMATION (CONT.) Print copies of this page for additional signers

Signer Name (2): _____ **Title:** _____

Social Security Number: _____ **Date of Birth:** _____ **Mother's Maiden Name:** _____

ID 1 Type (and issuer): _____ **ID 1 #:** _____ **ID 1 Issue Date:** _____ **ID 1 Exp. Date:** _____

ID 2 Type (and issuer): _____ **ID 2 #:** _____ **ID 2 Issue Date:** _____ **ID 2 Exp. Date:** _____

Please refer to the acceptable forms of identification section on the bottom of Page 1 of the Business/Organization Deposit Account Application.

Home Address: _____

Home Telephone: _____ **Mobile Telephone:** _____

Email Address: _____ **Work Telephone:** _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

Signer Name (3): _____ **Title:** _____

Social Security Number: _____ **Date of Birth:** _____ **Mother's Maiden Name:** _____

ID 1 Type (and issuer): _____ **ID 1 #:** _____ **ID 1 Issue Date:** _____ **ID 1 Exp. Date:** _____

ID 2 Type (and issuer): _____ **ID 2 #:** _____ **ID 2 Issue Date:** _____ **ID 2 Exp. Date:** _____

Please refer to the acceptable forms of identification section on the bottom of Page 1 of the Business/Organization Deposit Account Application.

Home Address: _____

Home Telephone: _____ **Mobile Telephone:** _____

Email Address: _____ **Work Telephone:** _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

Signer Name (4): _____ **Title:** _____

Social Security Number: _____ **Date of Birth:** _____ **Mother's Maiden Name:** _____

ID 1 Type (and issuer): _____ **ID 1 #:** _____ **ID 1 Issue Date:** _____ **ID 1 Exp. Date:** _____

ID 2 Type (and issuer): _____ **ID 2 #:** _____ **ID 2 Issue Date:** _____ **ID 2 Exp. Date:** _____

Please refer to the acceptable forms of identification section on the bottom of Page 1 of the Business/Organization Deposit Account Application.

Home Address: _____

Home Telephone: _____ **Mobile Telephone:** _____

Email Address: _____ **Work Telephone:** _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

SECTION 3: ACCOUNT SELECTION & OPTIONS

Please select the deposit account(s) you are interested in opening below.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Free Business Checking | <input type="checkbox"/> IOLTA/IOLA | <input type="checkbox"/> Union Interest Checking | <input type="checkbox"/> CD - <i>CD Term(s):</i> _____ |
| <input type="checkbox"/> Relationship Checking | <input type="checkbox"/> Money Market | <input type="checkbox"/> Municipal Interest Checking | |
| <input type="checkbox"/> Account Analysis Checking | <input type="checkbox"/> Statement Savings | <input type="checkbox"/> Non-Personal Interest Checking | |

Purpose of the account: _____ Alternate Title: _____

SERVICES

Please select the additional services you would like with your account(s). Some services require additional documentation. For more information, contact your relationship manager or our Customer Service Department via telephone at 800.242.0272 or via email at customerservice@radiusbank.com.

- | | | |
|--|---|---|
| <input type="checkbox"/> Account Reconciliation* | <input type="checkbox"/> Combined Deposit Statements | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> ACH Services* | <input type="checkbox"/> eCapture ² Remittance Processing* | <input type="checkbox"/> Payroll Services |
| <input type="checkbox"/> ACH Debit Block/ACH Debit Filter* | <input type="checkbox"/> ePayment Solution | <input type="checkbox"/> Positive Pay* |
| <input type="checkbox"/> Bank-by-Mail Envelopes | <input type="checkbox"/> eStatements* | <input type="checkbox"/> Remote Deposit Capture* |
| <input type="checkbox"/> Bill Pay* | <input type="checkbox"/> Linked Protection | <input type="checkbox"/> Sweep Account (<i>Non-Profit/Investment</i>) |
| <input type="checkbox"/> Business Credit Card | <input type="checkbox"/> Merchant Services | <input type="checkbox"/> Wire Transfers* |
| <input type="checkbox"/> Business Debit or ATM Card | <input type="checkbox"/> Mobile Deposit* | <input type="checkbox"/> Zero Balance Account |
| <input type="checkbox"/> Checks | <input type="checkbox"/> Night Deposit Services | <input type="checkbox"/> Other: _____ |

*Online Banking required for this service. Some services require additional information, documentation and Bank approval.

Do you anticipate any international account activity (whether using wire transfer, ACH, or other)? Yes No
 If "Yes," specify where, and the nature of the transfer: _____

SECTION 4: ANTICIPATED ACCOUNT ACTIVITY

DOMESTIC WIRE TRANSFERS

INCOMING WIRES

OUTGOING WIRES

Estimated **domestic** monthly wire activity: Average dollar amount per month: _____
 Average number of wires per month: _____

Preferred method for sending wire transfers: Online Banking* In Person *If Online Banking is selected, complete a Wire Transfer Agreement

FUNDS AVAILABILITY & DEPOSITS

Average **balance** that will be maintained: <\$10,000 \$10,001-\$25,000 \$25,001-\$50,000 \$50,001-\$100,000
 \$100,001-\$500,000 \$500,001-\$1,000,000 >\$1,000,000

Average dollar amount of **checks deposited** to the account per month: <\$5,000 \$5,001-\$25,000 \$25,001-\$50,000
 \$50,001-\$100,000 >\$100,001

Average number of **ACH credits** posted to the account per month: 0 1-5 6-10 11-15 16-20 >21

Average dollar amount of **ACH credits** posted to the account per month: <\$10,000 \$10,001-\$25,000 \$25,001-\$50,000
 \$50,001-\$100,000 >\$100,000

Average number of **ACH debits** posted to the account per month: 0 1-5 6-10 11-15 16-20 >21

Average dollar amount of **ACH debits** posted to the account per month: <\$10,000 \$10,001-\$25,000 \$25,001-\$50,000
 \$50,001-\$100,000 >\$100,000

ANTICIPATED ACCOUNT ACTIVITY (CONTINUED)

CURRENCY NEEDS

Will you be depositing cash? Yes No

If yes, what is the average dollar amount of *cash deposits* per month: <\$3,000 \$3,001-\$10,000 \$10,001-\$25,000
 \$25,001-\$50,000 \$50,001-\$100,000 >\$100,000

If yes, what is the average number of *cash deposits* made per month: 0 1-5 6-10 11-15 16-20 >21

Average dollar amount of *cash checks/withdrawals* per month: <\$3,000 \$3,001-\$10,000 \$10,001-\$25,000
 \$25,001-\$50,000 \$50,001-\$100,000 >\$100,000

Average number of *cash checks/withdrawals* per month: 0 1-5 6-10 11-15 16-20 >21

INTERNATIONAL TRANSACTIONS

Is foreign activity anticipated? Yes No

Will you deposit foreign checks into the account? Yes No

Estimated *international* monthly wire activity:

INCOMING WIRES

OUTGOING WIRES

Average dollar amount per month: _____

Average number of wires per month: _____

What is the purpose of the foreign activity? _____

With whom are these foreign transactions conducted? _____

What countries are involved in this foreign activity? _____

SECTION 5: SIGNATURES

By signing below, I hereby certify that the above information provided by me is true, complete and accurate, to the best of my knowledge and belief.

Signature (1)

Date

Signature (2)

Date

**THANK YOU FOR COMPLETING THE RADIUS BANK
BUSINESS/ORGANIZATION DEPOSIT APPLICATION!**

You may submit a completed application by returning this form to your relationship manager, to any of our locations, or by mail to:

RADIUS BANK, ATTN: CUSTOMER SERVICE DEPARTMENT, P.O. BOX 55063, BOSTON, MA 02205-5063



USA PATRIOT ACT INFORMATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING OR CHANGING AN ACCOUNT WITH RADIUS BANK

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or changes an existing account. This federal requirement applies to all new customers and current customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you: when you open an account or change an existing account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them. We will ask to see each person's driver's license and other identifying documents and copy or record information from each of them.