

## APPLICATION FOR BUSINESS ACCOUNT

<b>Account Number</b>		<b>Date Opened</b>	
<b>Account Type</b>			
<input type="checkbox"/> Checking: <input type="checkbox"/> Savings: <input type="checkbox"/> Money Market: <input type="checkbox"/> Other:			
<input type="checkbox"/> Time Certificate of Deposit			
• Contract Amount : \$		• Term:	• Maturity Date:
• Interest Rate (%):		• APY (%):	
<input type="checkbox"/> Club Savings			
• Contract Amount : \$		• Term:	• Maturity Date:
• Interest Rate (%):		• APY (%):	
<input type="checkbox"/> <b>Check if monthly deposit will be made by auto-transfer from Shinhan Bank America account. (Account No. _____)</b>			
<small>Funds will be automatically transferred only to the extent the funds are available (as more fully described in the bank's funds availability schedule disclosure) in the automatic transfer account. This authorization will remain in full force and effect until bank receives customer's written notice of revocation or until either debiting or crediting account is closed.</small>			
Business Name		Tax ID Number	
DBA (if any)		Chex System <input type="checkbox"/> Record <input type="checkbox"/> No Record	
Business Address			
Mailing Address (If different than above)		Business Phone Number	
Entity Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Other:			
Business Type <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacture <input type="checkbox"/> Service <input type="checkbox"/> Import/Export <input type="checkbox"/> Other:			
Business Description		NAICS# (Bank Use)	
<b>Signers Information</b>	Signer 1	Signer 2	Signer 3
Name			
Title			
Social Security No.			
Home Address			
Home/Cell Phone			
Date of Birth			
Primary ID			
Type/Issuer	/	/	/
Number			
Issue Date/ Expire Date	/	/	/
Secondary ID			
Mother's Maiden Name			
Citizenship			
<b>Bank Use Only</b>			
Chex System			
Politically Exposed Person (PEP)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)
ATM/Debit No.			
• <b>Opening Amount: \$</b>			
• <b>Source:</b> <input type="checkbox"/> Cash: \$ <input type="checkbox"/> Checks: \$ <input type="checkbox"/> Other: \$			
• <b>Referred by:</b>			

<b>Account Number</b>																									
<ul style="list-style-type: none"> <li>● <b>Account Purpose</b>      <input type="checkbox"/> General Business      <input type="checkbox"/> Payroll      <input type="checkbox"/> Other (specify: _____ )</li> <li>● <b>Comments (if any)</b></li> </ul>																									
<p><b><i>For Checking and Savings Accounts Only</i></b></p> <ul style="list-style-type: none"> <li>● Expected Monthly Average Balance : \$ _____</li> <li>● Expected Number of Checks Issued per Month: _____</li> <li>● What type of account activity does the customer anticipate per month? (<i>Check all that apply</i>)               <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Cash Deposits</td> <td style="padding: 2px;">Frequency ( _____ )</td> <td style="padding: 2px;">Estimated Total Amount (\$ _____ )</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Cash Withdrawals</td> <td style="padding: 2px;">Frequency ( _____ )</td> <td style="padding: 2px;">Estimated Total Amount (\$ _____ )</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> ACH Credits</td> <td style="padding: 2px;">Frequency ( _____ )</td> <td style="padding: 2px;">Estimated Total Amount (\$ _____ )</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> ACH Debits</td> <td style="padding: 2px;">Frequency ( _____ )</td> <td style="padding: 2px;">Estimated Total Amount (\$ _____ )</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Incoming Wires</td> <td style="padding: 2px;">Frequency ( _____ )</td> <td style="padding: 2px;">Estimated Total Amount (\$ _____ )</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Outgoing Wires</td> <td style="padding: 2px;">Frequency ( _____ )</td> <td style="padding: 2px;">Estimated Total Amount (\$ _____ )</td> </tr> </table> <p style="margin-left: 20px;">* If expected wires from/to foreign country(ies), please indicate the name of country(ies): _____</p> </li> <li>● Do/Will you operate an ATM machine?      <input type="checkbox"/> Yes      <input type="checkbox"/> No                If yes, please provide the location: _____</li> <li>● Does your company provide financial services? If yes, please check all that apply.               <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Check Cashing</td> <td style="padding: 2px;"><input type="checkbox"/> Currency Sales or Exchange</td> <td style="padding: 2px;"><input type="checkbox"/> Check Sales or Redemption</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Stored Value Cards</td> <td style="padding: 2px;"><input type="checkbox"/> Money Transmission</td> <td style="padding: 2px;"><input type="checkbox"/> Other: _____</td> </tr> </table> </li> <li>● Y.E.S. Overdraft Protection?      <input type="checkbox"/> Yes (Limit Amount: \$ _____ )      <input type="checkbox"/> No</li> </ul>		<input type="checkbox"/> Cash Deposits	Frequency ( _____ )	Estimated Total Amount (\$ _____ )	<input type="checkbox"/> Cash Withdrawals	Frequency ( _____ )	Estimated Total Amount (\$ _____ )	<input type="checkbox"/> ACH Credits	Frequency ( _____ )	Estimated Total Amount (\$ _____ )	<input type="checkbox"/> ACH Debits	Frequency ( _____ )	Estimated Total Amount (\$ _____ )	<input type="checkbox"/> Incoming Wires	Frequency ( _____ )	Estimated Total Amount (\$ _____ )	<input type="checkbox"/> Outgoing Wires	Frequency ( _____ )	Estimated Total Amount (\$ _____ )	<input type="checkbox"/> Check Cashing	<input type="checkbox"/> Currency Sales or Exchange	<input type="checkbox"/> Check Sales or Redemption	<input type="checkbox"/> Stored Value Cards	<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Other: _____
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<b>Bank Use Only</b>			
	OFAC by	Opened by	Approved by
Name			
Initial			
Date			