



FIRST ROBINSON SAVINGS BANK & FIRST VINCENNES SAVINGS BANK

Dear Valued Customer:

You are receiving this letter because you are attempting to open a new account for a legal entity (business). As you may be aware, new laws have recently gone into effect that require **ALL financial institutions** to now identify and verify the individuals (also known as beneficial owners) who **own** or **control** the legal entity when opening new accounts (deposits, loans, and safe deposit boxes). This means that all of our legal entity customers, such as you, will be impacted when they open a new account with us.

Please keep in mind that this law is required of **ALL FINANCIAL INSTITUTIONS** and is not something that FIRST ROBINSON SAVINGS BANK, N.A. is unreasonably requiring.

Overview of the Rule

A *beneficial owner* is defined as: 1) the owner/owners; and 2) the controller. An owner would be each individual, if any, who directly or indirectly owns 25 percent of the business. The controller includes a single individual with the authority to control, manage, or direct the business, including an executive officer or senior manager or any other individual who regularly performs similar functions.

To **identify** beneficial owners, our bank will provide the individual opening your business account with an **application form** to complete. In completing this application form, the individual representing your business will provide us with the names of the beneficial owners, and /or the controller of the business.

Once identified, we must **verify** the identity of each individual on the application by requiring the same elements from them that we require from an individual opening a new account. We do not have to get this information directly from the beneficial owner, but are permitted to get directly from the individual opening the new account on behalf of your business. All verifying information for each beneficial owner must be received before we can open a new account.

What We Need

To comply with the new laws for legal entity customers, we will need the following items from your business and applicable owners:

1. A completed Certification Form, completed by the individual opening the account on behalf of the business.
2. For each Beneficial Owner:
 - i. A **color copy** of an **unexpired Government issued ID** with a current *physical* address
 - ii. Note: This document contains most of the information needed to complete the Certification Form such as the beneficial owner's name, date of birth, and address.
3. A **social security number**
 - i. Note: Non-US persons will need to provide a different ID number.
4. Any other documentation requested by the bank
 - i. In a few cases, the bank may need additional documentation on your business or beneficial owners. If that is the case, we will call you.

Summary

We understand that these new rules may not be something that you have experienced before. This is a new law that we are required to comply with. Going forward, these requirements will be needed for **each new account** you open. Therefore, having this information available to us at the time of opening will help to ensure a smooth process.

If you have any questions regarding these requirements, please contact us at the number found on this letter. Thank you again for choosing First Robinson Savings Bank, N.A. for your banking needs. We really value our partnership.

First Robinson Savings Bank, N.A.
PO Box 8598
501 East Main Street
Robinson, IL 62454
(618) 544-8621

First Robinson Savings Bank
301 E. Main St., **Oblong**
119 E. Grand Prairie, **Palestine**
(618) 592-4962 - Oblong
(618) 586-2244 - Palestine

First Vincennes Savings Bank
PO Box 236
615 Kimmell Road
Vincennes, IN 47591
(812) 885-9018

First Vincennes Savings Bank
2612 N. 6th Street
Vincennes, IN 47591
(812) 291-5366

Business/Organization Deposit Account Application *Required at account opening

*Name of Business/Organization _____

*Nature of business: _____

DBA or Assumed Name (Certificate of Assumed Name Required) _____

*EIN number _____ Phone # _____

*Physical address of business _____
(Street) (City) (State) (Zip)

*Mailing address of business (if different than physical) _____

Email _____ Website _____

*Type of business: Corporation LLC Partnership: General, LLP or Ltd. Public Fund Organization, Lodge, Assoc. Estate Trust

Select all that apply: C-Corp S-Corp Profit Non-Profit How many Signatures to Withdrawal? _____

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

Registered with the state	<input type="checkbox"/> Yes <input type="checkbox"/> No	Marijuana related business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deposits	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Professional Service Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawals	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Embassy or foreign consulate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Transfers	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Frequent Currency Exchanges	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACH Credits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Check Cashing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, > \$1000
ACH Debits	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Cash Intensive Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet Gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enroll in E-Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sell Money Orders/Store Value Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Official Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use Remote Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Card (2 sigs can't have Debit Card)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own/Operate ATM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfers (Telephone, AFT)	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this document, I authorize First Robinson Savings Bank, N.A. to verify all information provided, and, to obtain additional information regarding financial and/or credit history from a reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First Robinson Savings Bank's 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 belief.

Signature _____ Date _____
 (Authorized signer, owner or partner)

-----For Internal Bank Use Only-----

	EIN Number	Meeting Minutes	Certificate of Good Standing*	Operating Agreement	Articles of Incorporation	Outgoing Officer Letter
LLC's						
Corporations						
Partnerships						
Org., Lodge, Assoc.						
Public Fund						

**Proof of recording with the county needed for General Partnerships*

Account Number(s) _____

Verafin Checks / Deposit Slips Type _____ Single/ Duplicate / Triplicate Enrolled ESI D/C Ordered CSR _____

Business Account Signer Application

To Be Completed By **Each** Signer on Account—Print Multiple Copies If Necessary

Must Provide Valid Government Issued Identification Prior To Account Opening

***Required at account opening**

Please Circle Residential Status: U.S. Citizen / Resident Alien / Non-Resident Alien (W8BEN)

If you choose Resident Alien or Non-Resident Alien, additional documentation is required prior to opening.

*Legal Name (as appears on Driver's License) _____

*Physical Address _____

*Mailing Address (if different) _____

*Does ID address Match Current Address? Yes No If No, Why? _____

* Social Security # _____ *Date of Birth _____ *Phone _____

Email _____

*Current Employer: _____ Phone _____

*Occupation (If retired--need previous occupation): _____

By signing this document, I authorize First Robinson Savings Bank, N.A. 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 First Robinson Savings Bank's 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 belief.

X: _____
Customer Signature *Date*

-----**For Internal Bank Use Only**-----

Account Number(s) _____

Chexsystems Ran Score _____ Security Questions Answered CSR _____

Type _____ Iss. By _____ ID # _____ ISS _____ EXP _____ Scanned

BENEFICIAL OWNER / PERSON WITH CONTROL INFORMATION APPLICATION

Provide 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 interest of the legal entity:

If Beneficial Ownership is not applicable, please check here

1st Beneficial Owner Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

If Non-U.S. Persons: Passport # and country of issuance: _____

Percentage owned: _____ Color copy or original Driver's License CIF Number: _____
(internal use only)

2nd Beneficial Owner Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

If Non-U.S. Persons: Passport # and country of issuance: _____

Percentage owned: _____ Color copy or original Driver's License CIF Number: _____
(internal use only)

3rd Beneficial Owner Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

If Non-U.S. Persons: Passport # and country of issuance: _____

Percentage owned: _____ Color copy or original Driver's License CIF Number: _____
(internal use only)

4th Beneficial Owner Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

If Non-U.S. Persons: Passport # and country of issuance: _____

Percentage owned: _____ Color copy or original Driver's License CIF Number: _____
(internal use only)

Person with Control Section Application (Required)

Provide the following information for one individual with significant responsibility for managing the legal entity listed 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.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

Name/Title of Person with Control: _____

Title: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

Color copy or original Driver's License CIF Number: _____
(internal use only)

If Non-U.S. Persons: Passport # and country of issuance: _____

In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.