

**Application For Business/Organization Account Or Services** Account # \_\_\_\_\_

**Union National Bank** 101 E. Chicago Street, Elgin, IL 60120 847-888-7500 Fax 847-888-2662 Member FDIC

**Please Complete All Information:**

Business/Organization Full Legal Name \_\_\_\_\_  
 Assumed/Trade Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Tax ID \_\_\_\_\_ Date Established \_\_\_\_\_ Type/Nature of Business \_\_\_\_\_  
 1099s Are Issued Under This Tax ID. Backup Withholding:  Am Not Subject To It<sup>1</sup>  Exempt<sup>2</sup>  Nonresident Alien<sup>3</sup>

**Business Type:**  Sole Proprietorship  Partnership  LLC  Corporation  Lodge/Assoc./Not-For-Profit/Or Similar  Other \_\_\_\_\_

**Online Banking Users & Permissions - Select One:**  Make Identical to Account # \_\_\_\_\_, BeB Company ID # \_\_\_\_\_  
 No Online Banking  New Customer Setup<sup>+</sup>  Customized Users and Permissions<sup>+</sup> <sup>+</sup>Complete an Application

NEW ACCOUNTS ONLY - Please answer all questions below, as your new account requires complete information. Do you:					
Yes	No		Yes	No	
		Expect to deposit more than \$10,000 in currency per month?			Cash checks for others?
		Expect to have more than 10 domestic wire transfers per month?			Engage in transmitting money or exchanging currency?
		Expect to have more than 10 foreign wire transfers per month?			Engage in Internet gambling?
		Have an ATM onsite in which you have access to the money in the machine?			Sell money orders, traveler's checks or prepaid debit cards?

Authorized Signer Names - Please Print	Title	Mother's Maiden Name	Signature* - If Facsimile Signature Authorized, Initial Box To Left Of Signature
1)			X
2)			X
3)			X
4)			X
5)			X

Check Box If More Than 1 Signature Required To Withdraw. Number Required \_\_\_\_\_.

Special Signature Instructions \_\_\_\_\_

**If there are any individuals or trusts who own, directly or indirectly, 25% or more of the business, please provide a copy of each individual's (if trust, 1 trustee's) government-issued photo ID and complete the section below.**  
 Check box if the above statement does not apply and leave section blank.

Names - Please Print	%	Social Security # (If U.S. Person) <sup>4</sup>	Names - Please Print	%	Social Security (If U.S. Person) <sup>4</sup>
A)			C)		
B)			D)		

\_\_\_\_\_ Certifying Official initials here if these signers replace **All** authorized signers on account.

**REQUIRED:** Under penalty of perjury, I certify that the above information is correct, all signers are authorized to sign on behalf of this legal entity and that I have significant responsibility for managing this legal entity.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Signature\* X \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security # (If U.S. Person)<sup>4</sup> \_\_\_\_\_ Provide government-issued photo ID Yes \_\_\_\_\_

**Deposit Account Type - Select One:**

- Business Checking (075)  Business NOW (076)  Business Money Market (097)  Classic Business Savings (085)  
 Superior Business Savings (087)  1 Month CD (090)  2 Month CD (058)  3 Month CD (094)  6 Month CD (096)  12 Month CD (093)  
 Custom Term of \_\_\_\_\_  Days or  Months (091)  
 For CD, Select One:  Add Interest To Balance  Send Interest Check  Credit Union National Bank Account \_\_\_\_\_  
 For CD, Select One:  Monthly Interest  Quarterly Interest  Interest At Maturity (Available only if term is 12 months or less.) \_\_\_\_\_

**Opening Information - Bank Use** Account Number \_\_\_\_\_ Date Opened \_\_\_\_\_ By \_\_\_\_\_  
 Initial Deposit \$ \_\_\_\_\_ Initial Rate \_\_\_\_\_ Initial APY \_\_\_\_\_ Initial Maturity \_\_\_\_\_  
 Source of Funds \_\_\_\_\_ Purpose of Account \_\_\_\_\_  
 Chexsystems Date (New Customers Only) \_\_\_\_\_ or N/A \_\_\_\_\_ Photo IDs obtained for all persons listed above? \_\_\_\_\_ AND certifying official? \_\_\_\_\_

\*Signatures. My signature acknowledges receipt of the Union National Bank Owner's Manual, including all applicable disclosures. This application is subject to all agreements, rules and regulations adopted by the Bank for the services or credit line applied for. I agree to be bound by them. **Substitute W-9 Certificate.** <sup>1</sup>Under penalties of perjury, I certify that my Social Security/Tax ID number listed on this form is correct, and that I am not subject to backup withholding as a result of a failure to report all interest and dividends or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding. <sup>2</sup>I am an exempt recipient under the Internal Revenue Service Regulations. <sup>3</sup>I am not a United States person, and I am not a citizen nor a resident of the United States. **Beneficial Owner** <sup>4</sup>Non-US persons must provide a Social Security #, passport # and county of issuance, or similar ID#. In lieu of a passport #, Non-US persons may provide a SSN, alien ID card # or # & country of issuance of any other govt issued document evidencing nationality or residence and bearing a photograph or similar safeguard.(w:\docs\disclose\commap122218.doc)