

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 It¹ Exempt² Nonresident Alien³

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⁺ Customized Users and Permissions⁺ ⁺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) ⁴	Names - Please Print	%	Social Security (If U.S. Person) ⁴
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)⁴ _____ 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.** ¹Under 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. ²I am an exempt recipient under the Internal Revenue Service Regulations. ³I am not a United States person, and I am not a citizen nor a resident of the United States. **Beneficial Owner** ⁴Non-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\commmap122218.doc)

White Copy - Bank Permanent Yellow Copy - Customer Copy Pink Copy - Bank Temporary