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UnionBank

CUSTOMER INFORMATION PROFILE
Institutional Trust & Custody Services

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person and/or entity that opens an account. WHAT THIS MEANS TO YOU: When you open an account, we will ask for the names of all the persons ("principals") who will have authority over the account, as well as a confirmation of the physical address for the account itself. If you are opening an account as an individual, we will also ask for your date of birth and other information that will allow us to identify you, including copies of your driver's license or other government-issued identification documents. If you are opening an account for an entity other than an individual, we will ask you for information which allows us to verify the purpose of the entity and to establish the identities of all the persons who are authorized to act on its behalf. In addition, we are required to take reasonable measures to verify the intended purpose for the account, as well as the underlying source of the funds which will be used to establish your new account.

CUSTOMER INFORMATION

☐ INDIVIDUAL OR IRA			☐ NON-INDIVIDUALS		
NAME			NAME OF ENTITY		
PERMANENT RESIDENCE ADDRESS (street, apt. or suite no., or rural route)			CONTACT NAME	CONTACT PHONE NUMBER	
CITY	STATE	ZIP CODE	PRIMARY ADDRESS (We are not able to use post office box numbers)		
HOME PHONE NUMBER	SSN #		CITY	STATE	ZIP CODE
DATE OF BIRTH	COUNTRY OF CITIZENSHIP		BUSINESS PHONE NUMBER	EIN #	
SOURCE OF WEALTH	NET WORTH		DATE OF ESTABLISHMENT	COUNTRY OF REGISTRATION	
EMPLOYER'S NAME (If you are retired, please provide information for your last employer)			BUSINESS DESCRIPTION		
BUSINESS ADDRESS			FOR NON-PUBLICLY TRADED COMPANIES, ARE THERE ANY INDIVIDUALS OR ENTITIES THAT OWN 10% OR MORE OF YOUR FIRM? ☐ No ☐ Yes		
CITY	STATE	ZIP CODE	If yes, please provide the names of the 10% owners of your non-publicly traded entity. For example, if your entity is owned by two partnerships, we will need information on each partnership and all 10% or more owners of the partnerships. Please list all owners on a separate page with the following information:		
BUSINESS PHONE NO.	OCCUPATION		• Ownership % • Name of Individual or Entity • Address • SSN or EIN • Date of Birth or Establishment • Citizenship or Country of Registration		

SOURCE OF FUNDS

INDICATE THE SOURCE OF FUNDS YOU WILL BE USING TO ESTABLISH YOUR NEW ACCOUNT.

- ☐ Bond Proceeds
- ☐ Business Cash Flow
- ☐ Contributions
- ☐ Corporate Funds
- ☐ Court Settlement
- ☐ Employment Wages
- ☐ Gift or Inheritance
- ☐ Investment Proceeds
- ☐ IRA Rollover
- ☐ Loan Proceeds
- ☐ Salary / Earnings
- ☐ Sales of Assets
- ☐ Third Party Subscribers
- ☐ Transfer from other UB Account(s)

IF NONE OF THE FOLLOWING APPLY, PLEASE PROVIDE FURTHER DETAILS.

INDICATE THE SOURCE OF FUNDS YOU WILL BE USING FOR ONGOING FUNDING.

- ☐ Check & Loan Disbursements
- ☐ Checks & Wires
- ☐ Checks Only
- ☐ Contributions
- ☐ Corporate Funds
- ☐ Court Settlement
- ☐ Donations
- ☐ Electronic & Loan Disbursements
- ☐ Electronic Only
- ☐ Employer Contributions
- ☐ Employer Wages
- ☐ Free Receipts
- ☐ Gift / Inheritance
- ☐ Investment Proceeds
- ☐ Line of Credit
- ☐ Loan Disbursements Only
- ☐ Loan Proceeds
- ☐ Salary / Earnings
- ☐ Sale of Assets
- ☐ Third Party Subscribers
- ☐ Transfer from other UB Account(s)
- ☐ Wires

IF NONE OF THE FOLLOWING APPLY, PLEASE PROVIDE FURTHER DETAILS.

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ACCOUNT ACTIVITY

EXPECTED DATE OF TRANSFER	INITIAL MARKET VALUE $		
RECEIPTS	PLEASE SELECT ALL THAT APPLY FOR EXPECTED RECEIPTS ☐ ACH ☐ Check Deposits ☐ Wires ☐ Other		
	SOURCE COUNTRY	TRANSACTION PURPOSE	DOLLAR RANGE	FREQUENCY
DISBURSEMENTS	PLEASE SELECT ALL THAT APPLY FOR EXPECTED DISBURSEMENTS ☐ ACH ☐ Check Deposits ☐ Wires ☐ Other		
	DESTINATION COUNTRY	TRANSACTION PURPOSE	DOLLAR RANGE	FREQUENCY

ADDITIONAL PROFILE QUESTIONS

NAME OF CURRENT CUSTODIAN		
REASON FOR OPENING ACCOUNT		
REFERRED BY	NAME OF FIRM	PHONE NUMBER

DOCUMENTS REQUIRED TO OPEN NEW ACCOUNTS

Documents required to open new accounts will vary, depending upon the type of account you are requesting us to open. The enclosed New Account Checklist provides complete details for your reference. Unless otherwise noted, we must receive completed originals of all documents requiring signatures, signed and dated by the authorized account principal(s), before we will be able to open your account. For Non-Resident Alien accounts or other questions regarding these requirements, please contact your Relationship Manager.

CERTIFICATION BY ACCOUNT PRINCIPAL(S)

I/we hereby certify under penalty of perjury that all information provided herein and in all other documents provided to Union Bank for purposes of opening the requested account is true and accurate to the best of my/our knowledge.

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

UNION BANK, N.A.

INITIAL FUNDING SOURCE VERFIED BASED ON

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