

BANK OF CLEVELAND

BUSINESS INFORMATION FORM

(Section 326 – USA Patriot Act of 2001)

IMPORTANT INFORMATION IF OPENING AN ACCOUNT BY MAIL

Instructions To Customer: As stated below, financial institutions are now required to verify the identity of all customers pursuant to Section 326 of the USA Patriot Act of 2001. Please complete this form regarding YOUR PERSONAL INFORMATION where indicated below. If you are not returning this form in person, please have your signature notarized and attach a copy of your driver's license, or other identifying document as requested by the Bank. Please mail this original form and copies to the Bank at the following address: New Accounts Department, Bank of Cleveland, Post Office Box 5000, Cleveland, TN 37320. If you have any questions, please call us at 423-478-5656.

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 WHO OPENS AN ACCOUNT.

WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

ADDITIONALLY, FINCEN HAS ADOPTED WHAT THEY DESCRIBE AS A "TWO PRONGED" APPROACH TO BENEFICIAL OWNERSHIP.

THE OWNERSHIP PRONG INCLUDES ALL NATURAL PERSONS WITH 25% OR MORE DIRECT OR INDIRECT EQUITY INTEREST IN A LEGAL ENTITY WHILE THE CONTROL PRONG IS A SINGLE INDIVIDUAL WITH SIGNIFICANT MANAGERIAL RESPONSIBILITY (THE RULE SAYS "CONTROL, MANAGE OR DIRECT") OVER THE LEGAL ENTITY.

WE WILL ASK TO SEE EACH PERSON'S DRIVER'S LICENSE AND OTHER IDENTIFYING DOCUMENTS, AND COPY OR RECORD INFORMATION FROM EACH OF THEM.

YOUR BUSINESS INFORMATION

BUSINESS NAME

TAXPAYER ID NUMBER

PHYSICAL ADDRESS OF BUSINESS

CITY

STATE

ZIP

MAILING ADDRESS OF BUSINESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP

TYPE OF BUSINESS (DBA, LLC, S, C CORP or NON PROFIT, ETC.)

NATURE OF BUSINESS (RESTAURANT, HOTEL, ETC.)

BUSINESS PHONE

BUSINESS CELL PHONE

E-MAIL ADDRESS

IDENTIFICATION USED (BUSINESS LICENSE, ARTICLES OF INC, ETC.)

NUMBER

PLACE/STATE WHERE ID WAS ISSUED

ISSUE DATE

EXPIRATION DATE

SIGNATURE & ACKNOWLEDGMENT

EVERYTHING THAT I/WE HAVE STATED IN THIS STATEMENT IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT YOU WILL RETAIN THIS STATEMENT WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY/OUR CREDIT, WHICH INCLUDES OBTAINING REPORTS FROM CONSUMER REPORTING AGENCIES, AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR EXPERIENCE WITH ME.

BUSINESS OWNER'S SIGNATURE

DATE

NOTARY ACKNOWLEDGMENT IF OPENING AN ACCOUNT BY MAIL

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____, before me personally appeared _____, to me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who executed the same as _____ free act and deed.

WITNESS MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

FOR BANK USE ONLY

DISCREPANCIES / RESOLUTION / COMMENTS:

Risk code: _____ Risk Date: _____ Risk Rated By: _____

Bank Employee Name: _____

Office: _____

Date: _____

(If Required) Supervisor Approval: _____

Office: _____

Date: _____