

NEW CUSTOMER INFORMATION SHEET

(To be completed for each owner/signer on the 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. When you open an account with us, we will ask for your name, address, date of birth, and other identifying information. We will also ask to see your primary identification and/or other identifying documents.

Customer Information

FIRST NAME		MIDDLE NAME		LAST NAME	
ARE YOU A US CITIZEN/RESIDENT?		IF NO, WHAT IS YOUR COUNTRY OF CITIZENSHIP?		FTIN (FOREIGN TAX IDENTIFYING NUMBER)	
PHYSICAL ADDRESS - STREET			CITY	STATE	ZIP
MAILING ADDRESS			CITY	STATE	ZIP
SSN	DOB	CELL PHONE	HOME PHONE	E-MAIL ADDRESS	
EMPLOYER		OCCUPATION			
PRIMARY ID		ISSUED BY, ID NUMBER, DATE ISSUED, EXP DATE (MUST LIST ALL)			
SECONDARY ID		ISSUED BY, ID NUMBER, DATE ISSUED, EXP DATE (MUST LIST ALL)			
WHAT BROUGHT YOU TO BRIGHT BANK?					

Due Diligence Questions

Is any monthly income derived from a direct marijuana related business? YES NO
 If yes, please provide source of income: _____

Is any monthly income derived from a CBD or Hemp related business? YES NO
 If yes, please provide source of income: _____

Do any of the following apply? YES NO

- A current or former senior official in the executive, legislative, administrative, military, or judicial branch of a foreign or domestic government (elected or not).
- A senior official of a major foreign or domestic political party.
- A senior executive of a foreign or domestic government-owned commercial enterprise, being a corporation, business or other entity formed by or for the benefit of any such individual.

Are you involved with any of the following types of Businesses?

<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Coin Dealer	<input type="checkbox"/> Investor Advisor	<input type="checkbox"/> Cryptocurrency Investor
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Investment Broker	<input type="checkbox"/> Auctioneer	<input type="checkbox"/> Accountant
<input type="checkbox"/> Doctor	<input type="checkbox"/> Real Estate Investor		

Expected Monthly Account Activity (Check all that apply)

<input type="checkbox"/> Cash Deposits	\$ _____	<input type="checkbox"/> Domestic Wire Transfers	\$ _____
<input type="checkbox"/> Cash Withdrawals	\$ _____	<input type="checkbox"/> International Wire Transfers	\$ _____
<input type="checkbox"/> Check Deposits	\$ _____	<input type="checkbox"/> Currency Exchange	\$ _____
<input type="checkbox"/> Card Activity	\$ _____	<input type="checkbox"/> Cashier's Checks	\$ _____

For Bank Use Only



COMPLETED BY _____ CIF NUMBER _____ DATE _____

NEW COMMERCIAL INFORMATION SHEET

(To be completed for each new business.)



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Company Information

LEGAL NAME			
TYPE OF BUSINESS (LLC, SOLE PROP, CORPORATION, NON PROFIT, ASSOCIATION, OTHER)			
PHYSICAL ADDRESS - STREET	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
EIN	PHONE - BUSINESS 1	PHONE - BUSINESS 2	
E-MAIL ADDRESS	WEBSITE		
WHAT BROUGHT YOU TO BRIGHT BANK?			

Authorized Signer (Please include copies of identification)

ARE YOU OR ANY ACCOUNT HOLDER A CURRENT OR PREVIOUS POLITICALLY EXPOSED PERSON AND/OR SENIOR FOREIGN POLITICAL PERSON?				<input type="radio"/> YES	<input type="radio"/> NO
NAME (FIRST, MIDDLE, LAST)					
POSITION WITHIN BUSINESS					
PHYSICAL ADDRESS - STREET		CITY	STATE	ZIP	
MAILING ADDRESS		CITY	STATE	ZIP	
SSN	DOB	PHONE		E-MAIL ADDRESS	
EMPLOYER		OCCUPATION			

Authorized Signer (Please include copies of identification)

ARE YOU OR ANY ACCOUNT HOLDER A CURRENT OR PREVIOUS POLITICALLY EXPOSED PERSON AND/OR SENIOR FOREIGN POLITICAL PERSON?				<input type="radio"/> YES	<input type="radio"/> NO
NAME (FIRST, MIDDLE, LAST)					
POSITION WITHIN BUSINESS					
PHYSICAL ADDRESS - STREET		CITY	STATE	ZIP	
MAILING ADDRESS		CITY	STATE	ZIP	
SSN	DOB	PHONE		E-MAIL ADDRESS	
EMPLOYER		OCCUPATION			

Authorized Signer (Please include copies of identification)

ARE YOU OR ANY ACCOUNT HOLDER A CURRENT OR PREVIOUS POLITICALLY EXPOSED PERSON AND/OR SENIOR FOREIGN POLITICAL PERSON? <input type="radio"/> YES <input type="radio"/> NO			
NAME (FIRST, MIDDLE, LAST)			
POSITION WITHIN BUSINESS			
PHYSICAL ADDRESS - STREET		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
SSN	DOB	PHONE	E-MAIL ADDRESS
EMPLOYER		OCCUPATION	

NEW COMMERCIAL INFORMATION SHEET



Expected Monthly Account Activity (Check all that apply)

Do you anticipate cash activity? Less than \$1,000 \$1,000-\$5,000 Greater than \$5,000

Do you anticipate domestic wire activity? YES NO Monthly Average \$_____

Do you anticipate international wire transfer activity? YES NO Monthly Average \$_____

Do you cash checks for your customers? YES NO If yes, what is the maximum amount? \$_____

Do you sell money orders, travelers checks, or stored value cards? YES NO

Do you engage in money transmittal services (Western Union, Sique, etc.)? YES NO

Are you planning on doing any foreign currency exchange? YES NO

Is the Entity Any of The Following (Check all that apply)

<input type="checkbox"/> CHECK CASHER	<input type="checkbox"/> LIQUOR STORE	<input type="checkbox"/> INVESTMENT ADVISORY	<input type="checkbox"/> PAY DAY LOAN COMPANY	<input type="checkbox"/> COIN DEALER
<input type="checkbox"/> MOTOR VEHICLE DEALER	<input type="checkbox"/> POLITICALLY EXPOSED PERSON	<input type="checkbox"/> TRADE UNION	<input type="checkbox"/> TRAVEL AGENT	<input type="checkbox"/> GROCERY STORE
<input type="checkbox"/> CASINO	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> BUS CHARTER	<input type="checkbox"/> IOLTA
<input type="checkbox"/> RE CLOSING	<input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LAWYER	<input type="checkbox"/> RE BROKERAGE	<input type="checkbox"/> PAWN SHOP
<input type="checkbox"/> ACCOUNTANT	<input type="checkbox"/> AUCTION COMPANY	<input type="checkbox"/> AIRCRAFT CHARTER	<input type="checkbox"/> TITLE COMPANY	<input type="checkbox"/> AUCTIONEER
		<input type="checkbox"/> ATM (OWNER/MAINTAIN)	<input type="checkbox"/> DOCTOR	

Due Diligence Questions

Describe the nature of the business?

What is the purpose of the account?
Please explain: _____

Does the business derive any income from marijuana related businesses? YES NO
If yes, please explain: _____

Does the customer engage in direct marijuana related business? YES NO
If yes, please explain: _____

Does the customer engage in indirect marijuana related business? YES NO
If yes, please explain: _____

Does the business invest in or participate in marijuana related business? YES NO
If yes, please explain: _____

Does the business offer CBD/Hemp related products? YES NO
If yes, please explain: _____

Do you engage in internet gambling activities? YES NO

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For Bank Use Only
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Does Beneficial Ownership requirements apply?

- Applies:** Complete Beneficial Ownership form
- Partially Exempt:** Complete Control prong portion of Beneficial Ownership form
Reason for partial exemption: _____
- Exempt:** Beneficial Ownership form not required
Reason for partial exemption: _____

COMPLETED BY _____ CIF NUMBER _____ DATE _____

BRIGHT BANK BENEFICIAL OWNERSHIP CERTIFICATION FORM

PERSON OPENING ACCOUNT

FIRST NAME	LAST NAME	TITLE
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LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED

NAME	ADDRESS
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I. BENEFICIAL OWNER(S) INFORMATION

Please provide a copy of a valid government-issued photo ID and the following information for each individual, if any, who directly or indirectly, through any contract, agreement, understanding, relationship or otherwise, own 25% or more of the equity interests of the legal entity listed above (write N/A if not applicable).

FIRST NAME	LAST NAME	US PERSONS
		SSN
DATE OF BIRTH (MM/DD/YY)	ADDRESS (STREET, CITY, ZIP)	NON-US PERSONS
		PASSPORT NUMBER & COUNTRY OR SSN/ALIEN ID NUMBER

FIRST NAME	LAST NAME	US PERSONS
		SSN
DATE OF BIRTH (MM/DD/YY)	ADDRESS (STREET, CITY, ZIP)	NON-US PERSONS
		PASSPORT NUMBER & COUNTRY OR SSN/ALIEN ID NUMBER

FIRST NAME	LAST NAME	US PERSONS
		SSN
DATE OF BIRTH (MM/DD/YY)	ADDRESS (STREET, CITY, ZIP)	NON-US PERSONS
		PASSPORT NUMBER & COUNTRY OR SSN/ALIEN ID NUMBER

FIRST NAME	LAST NAME	US PERSONS
		SSN
DATE OF BIRTH (MM/DD/YY)	ADDRESS (STREET, CITY, ZIP)	NON-US PERSONS
		PASSPORT NUMBER & COUNTRY OR SSN/ALIEN ID NUMBER

II. MANAGING INDIVIDUAL INFORMATION

The individual listed below is (could be one of the beneficial owners):

- AN EXECUTIVE OFFICER OR SENIOR MANAGER (EG CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, MANAGING MEMBER OR GOVERNOR, GENERAL PARTNER, PRESIDENT, VICE PRESIDENT, TREASURER)
- ANY OTHER INDIVIDUAL WHO REGULARLY PERFORMS SIMILAR FUNCTIONS

FIRST NAME	LAST NAME	TITLE	US PERSONS
			SSN
DATE OF BIRTH (MM/DD/YY)	ADDRESS (STREET, CITY, ZIP)		NON-US PERSONS
			PASSPORT NUMBER & COUNTRY OR SSN/ALIEN ID NUMBER

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

For Certificates of Deposit and Loan Accounts only: I, _____, agree to notify Bright Bank of any changes in the beneficial ownership information.

SIGNATURE

DATE

DIRECT DEPOSIT FORM

Use this form to change recurring direct deposits to your new account at Bright Bank. Examples of recurring direct deposits include regular paychecks or income from retirement plans, investments, pension plans, etc. Attach a voided check and submit this form to the company that performs the direct deposit.

Before closing your account at your previous bank, make sure the direct deposit has been successfully deposited in your Bright Bank account.

INSTRUCTIONS FOR EMPLOYER/OTHER INCOME SOURCE

I would like my income automatically deposited into my Bright Bank account as instructed below.

SET UP DIRECT DEPOSIT CHANGE ACCOUNT USED FOR DIRECT DEPOSIT

EMPLOYER/COMPANY			
EMPLOYER ADDRESS	CITY	STATE	ZIP

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL	

BRIGHT BANK ACCOUNT INFORMATION

Please direct my payment to this Bright Bank account:

CHECKING SAVINGS MONEY MARKET

BRIGHT BANK ROUTING NUMBER 124103935
BRIGHT BANK ACCOUNT NUMBER _____

AUTHORIZATION

I authorize, (employer/company) to make deposits directly into my Bright Bank account listed above. This authority will remain in effect until I have given written notice to terminate this service.

SIGNATURE

DATE

CLOSE ACCOUNT REQUEST

Effective immediately, please close the account(s) listed below and transfer to existing Bright Bank account, or forward the remaining funds by check to the address indicated.

THE FOLLOWING ACCOUNTS SHOULD BE CLOSED

CHECKING ACCOUNT NUMBER

ACCOUNT OWNER(S)

SAVINGS ACCOUNT NUMBER

ACCOUNT OWNER(S)

MONEY MARKET ACCOUNT NUMBER

ACCOUNT OWNER(S)

OTHER ACCOUNT NUMBER

ACCOUNT OWNER(S)

TRANSFER TO BRIGHT BANK ACCOUNT NUMBER

SEND FUNDS TO THE FOLLOWING ADDRESS

NAME			
ADDRESS	CITY	STATE	ZIP

IF YOU HAVE ANY QUESTIONS REGARDING THIS REQUEST, PLEASE CONTACT:

ACCOUNT OWNER NAME

PHONE

ACCOUNT OWNER NAME

PHONE

SIGNATURE

DATE

SIGNATURE

DATE

USA PATRIOT ACT

IMPORTANT INFORMATION ABOUT OPENING A LEGAL ENTITY ACCOUNT

EFFECTIVE MAY 11, 2018

Section 326 of the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account for a covered Legal Entity. New Rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

Each time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number and identification documents) for:

- Each individual that has beneficial ownership (25% or more) in the Legal Entity; and
- One individual that has significant managerial responsibility for the Legal Entity

We proudly support all efforts to protect and maintain the security of our customers and our country.

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customer. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions:

- i. a bank or credit union;
- ii. a broker or dealer in securities;
- iii. a mutual fund;
- iv. a futures commission merchant; or
- v. an introducing broker in commodities

For the purposes of this form, a legal entity **includes** a:

- corporation
- limited liability company
- other entity that is created by a filing of a public document with a Secretary of State or similar office
- general partnership
- any similar business entity formed in the United States or a foreign country

Legal entity **does not include**:

- sole proprietorships
- unincorporated associations
- natural persons opening accounts on their own behalf

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- vi. Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); and
- vii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member or Governor, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section I, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section I, you must provide the identifying information of one individual under section II. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section II), and up to five individuals (i.e., one individual under section II and four 25% equity holders under section I). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.