

# Customer Identification Questionnaire (CIQ)

In order to comply with **31 CFR 1020.220** — “Customer Identification Programs for Banks, Savings Associations, Credit Unions, and Certain Non-Federally Regulated Banks” Customer Identification Program (CIP Rule), U.S. Bank National Association must identify its customers.

The parties shall maintain compliance with all statutes, regulations and U.S. Bank policy applicable to the products and services provided, including but not limited to Anti-Money Laundering & U.S. Economic Sanctions. To help the United States government fight the funding of terrorism and prevent money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens an account. U.S. Federal law also requires financial institutions to conduct ongoing customer due diligence, verify the identity of beneficial owners of certain legal entities, and comply with U.S. Economic Sanctions. U.S. Bank may require identification information on Customer, its Affiliates, Related Parties, or Cardholders, if applicable, to allow U.S. Bank to remain in compliance with U.S. Federal law or U.S. Bank policy. Customer shall promptly provide such identification information to U.S. Bank, and Customer shall cause its Affiliates, Related Parties or Cardholders, if applicable, to provide identification information to U.S. Bank.

## Legal Customer (Entity) Name \_\_\_\_\_

(Provide the exact full legal name of the entity listed in the agreement and on incorporation documents such as Articles of Incorporation, Partnership Agreement, etc.)

Answer all questions completely and thoroughly. Questionnaires with missing information may incur processing delays. Do not leave any section blank unless instructed to do so.

### CUSTOMER (Entity) INFORMATION

Tax Identification Number (EIN, TIN, ITIN or SSN)	
Physical Business Street Address (PO Boxes are <b>not</b> acceptable)	
City	
State/Province	
Postal Code	
Country	

Do any of these apply to your business?

- Yes (check those that apply)       No (Supply formation documents or current business license)
- U.S. Financial Institution regulated by a federal or state bank regulator
  - U.S. Unit of government: federal, state, county, municipal and governmental agencies
  - Publicly traded [listed on a U.S. stock exchange (NYSE, NYSE MKT LLC – Formerly NYSE AMEX and the American Stock Exchange, NASDAQ)]

Name of Exchange \_\_\_\_\_ Ticker Symbol \_\_\_\_\_

**Note:** If any of the above are selected, complete and return **Pages 1 and 2** of this form.

## STANDARD DUE DILIGENCE INFORMATION

1	Is this entity <b>Doing Business As</b> (DBA) any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a	If "Yes," provide all <b>DBAs</b> or trade names used for the same entity.	
1b	If <b>address</b> for DBA is different than the one supplied for the entity above, please list here.	
2	Provide a thorough description of the <b>nature of your business</b> .	
3	Provide the <b>legal structure</b> of your business (e.g., LLC, Corporation, Sole Proprietorship, Not for Profit, Trust, Government).	
4	Provide the <b>country</b> where this entity was created.	
5	What is the <b>country</b> of primary business operations?	
6	If your company is a Not-For-Profit Organization (NGO) or Charity, does your company plan on sending or receiving funds internationally (outside of United States) in excess of \$25,000 yearly?	
7	Does this business provide any of the following services that would individually or collectively constitute 40% or more of your annual revenue: <ul style="list-style-type: none"> <li>• Offer check cashing services?</li> <li>• Issue or cash traveler's checks or money orders?</li> <li>• Provide money transmission services or foreign exchange services?</li> <li>• Offer prepaid cards?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8	What is the expected monthly <b>international</b> activity for this product, in \$USD?	
9	What is the entities' estimated or projected <b>revenue/budget</b> in \$USD?	

## AUTHORIZED SIGNER(S)

List the individual or individuals **signing** the CPS contract, agreement or application. If necessary, please complete and attach additional pages for Authorized Signers.

	Full Name (First Middle Last)	Title	Date of Birth	OR Physical Residential Address (Preferred) or Business Address (PO Boxes are <b>not</b> acceptable)
1				
2				

## BENEFICIAL OWNER – Direct and Indirect Owners

- List **all** owners (individuals) that directly or indirectly, through any contract, arrangement, understanding, or relationship, owns **25% or more** of the contracting legal entity listed at the top of this form.

	Owner #1	Owner #2	Owner #3	Owner #4
Full Legal Name (First Middle Last)				
Date of Birth (MM/DD/YYYY)				
Select One and Provide: <input type="checkbox"/> Physical Residential (preferred) OR <input type="checkbox"/> Business Address (PO Boxes are <b>not</b> acceptable)				
For <b>U.S.</b> Persons: Social Security Number (SSN); for <b>Non-U.S.</b> Persons: SSN or Passport Number & Country of Issuance, or other similar identification number				
Ownership Percentage				
Direct or Indirect Ownership of Contracted Entity?				
If Indirect, through which entity is ownership held? (Must list entity in Intermediary Entity Owners section below)				
<input type="checkbox"/> Check box if no individual person holds more than a 25% share <input type="checkbox"/> Check box if less than 100% total ownership is listed and there are no other individuals that have 25% or more ownership interest through direct or indirect ownership.				

## INTERMEDIARY ENTITY OWNERS

Please list **multiple** layers of business or non-individual entity ownership used to drill down to the individual beneficial owners (persons) identified above for the Section **BENEFICIAL OWNER - Direct and Indirect Owners**. If necessary, complete and attach additional pages for intermediary entities.

	Entity #1	Entity #2	Entity #3	Entity #4
Full Entity Legal Name				
Physical Business Street Address (no PO Boxes) including City, State/Province, Country and Postal Code				
Ownership Percentage				

**BENEFICIAL OWNER - Control**

List **one** individual with responsibility to **control, manage** or **direct** the business. If this is the same as one of the individuals listed above, only list that individual's full name below.

Full Name (First Middle Last)	Title	Date of Birth	For <b>U.S.</b> Persons: Social Security Number (SSN); for <b>Non-U.S.</b> Persons: SSN or Passport Number & Country of Issuance, or other similar identification number	Physical Residential (preferred) or Business Address (PO Boxes are <b>not</b> acceptable)

**CERTIFICATION**

I, the Account Opener, hereby certify that to the best of my knowledge, the information provided about me, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and correct.

*Account Openers must be a Member or Manager of an LLC, Partner of a Partnership, Business Owner, CEO, Controller, COO, CFO, Secretary or other Officer.*

Signature	
Printed Full Legal Name (First Middle Last)	
Title	
Date	