

Application & Agreement for Accounts in the Name of Trusts

This is a(n): New Account Account Conversion

Account Type: Checking Savings CD *For Conversion Only*

Account Number: _____

Section 1: Trust Information

Is this trust: Revocable Trust Irrevocable Trust

Trust Name: _____

Trust Tax ID: _____

Trust Address: _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Please enter NAICS code for trust: _____

The information below is required of all Settlers/Grantors/Trustors: _____ Settlers/Grantors/Trustors

Settlor/Grantor/Trustor Name (1) (Tax Owner): _____

Residential Address: _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Home Telephone: _____

Email Address: _____

Section 2: Trustee Information

Is the above listed settlor/grantor/trustor also a trustee? Yes No

Does this trust have any additional trustees? Yes No

If yes, please list below:

Trustee Name: _____

Address: _____ Apt/Suite/Unit #: _____

City: _____ State: _____ Zip Code: _____

Section 2: Trustee Information (Continued)

Trustees

Mailing Address (if different from above): _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Social Security Number: _____ Date of Birth: _____

Home Telephone: _____ Mobile Telephone: _____

Mother's Maiden Name: _____

Trustee Information Two:

Does this trust have any additional trustees? Yes No

If yes, please list below:

Trustee Name: _____

Address: _____ Apt/Suite/Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Social Security Number: _____ Date of Birth: _____

Home Telephone: _____ Mobile Telephone: _____

Mother's Maiden Name: _____

Section 3: Beneficiaries

Beneficiaries

Does this trust list any beneficiaries? Yes No

If yes, please complete the Beneficiary Appendix below.

Beneficiary 1 Name: _____ :

Address: _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

Social Security Number: _____ Date of Birth: _____ Telephone: _____

Section 3: Beneficiaries (Continued)

Beneficiary 2 Name:

Address: _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

Social Security Number: _____ Date of Birth: _____ Telephone: _____

Beneficiary 3 Name:

Address: _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

Social Security Number: _____ Date of Birth: _____ Telephone: _____

Beneficiary 4 Name:

Address: _____ Apt/Ste/Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

Social Security Number: _____ Date of Birth: _____ Telephone: _____

If your trust is irrevocable, please also complete the required Appendix A to 1010.230 Certification Regarding Beneficial Owners of Legal

Section 4: Political Exposure

For more information provided in Sections 1 & 2: Is any individual listed on this application or member of their immediate family a senior official in foreign government (Politically Exposed Person(s))? Yes No

If yes, please list their first and last name: _____

Section 5: Anticipated Account Activity

Wire and Cash Activity (monthly)

Average dollar amount of Incoming Domestic Wires: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Average dollar amount of Outgoing Domestic Wires: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Average dollar amount of Incoming Cash: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Average dollar amount of Outgoing Cash: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Do you expect this account to have international activity? Yes No

If yes, please complete the following:

Average dollar amount of Incoming International Wires: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Average dollar amount of Outgoing International Wires: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

If yes, what countries?

Funds Availability & Deposits (monthly)

Balance to be maintained:

Dollar amount of checks to be regularly deposited: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Number of ACH credits:

Dollar amount of ACH to be regularly deposited: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Number of ACH debits:

Dollar amount of ACH debits: <\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 >\$250,000

Is foreign activity anticipated? Yes No

With whom are these foreign transactions conducted and what countries are involved?

Will you deposit foreign checks into the account? Yes No

Section 6: Tax Certification

By checking this box, I certify, under penalties of perjury, that:

a. The taxpayer identification number provided is my correct taxpayer identification number; and

b. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

Section 7: Signatures *(Please sign below for either Revocable or Irrevocable Trust)*

For Account Conversion and/or opening an **ACCOUNT IN THE NAME OF A REVOCABLE TRUST:** By signing below, I acknowledge that I have completed this application to convert and/or open an account in the name of the trust identified on this application. All information provided on this application is true and accurate to the best of my knowledge. I am duly appointed by and have the power vested in the trust document to be submitting this request. This is supported with documentation.

I acknowledge that I received, reviewed, and accepted all agreements and disclosures at the time of account opening. To view these disclosures at any time, please visit: <https://www.lendingclub.com/bank/legal>

Please note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Trustee 1 Signature: _____ Date: _____

Printed Name: _____

Trustee 2 Signature: _____ Date: _____

Printed Name: _____

For Account opening in the name of an **ACCOUNT IN THE NAME OF A IRREVOCABLE TRUST:** By signing below, I acknowledge that I have completed this application to open an account in the the name of the trust identified on this application. All information provided on this application is true and accurate to the best of my knowledge. I am duly appointed by and have the power vested in the trust document to be submitting this request. This is supported with documentation.

I acknowledge that I received, reviewed, and accepted all agreements and disclosures at the time of account opening. To view these disclosures at any time, please visit: <https://www.lendingclub.com/bank/legal>

Please note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Trustee 1 Signature: _____ Date: _____

Printed Name: _____

Trustee 2 Signature: _____ Date: _____

Printed Name: _____

APPENDIX A TO § 1010.230 Certification

Regarding Beneficial Owners of Legal Entity

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, federal regulations require certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. 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 is required 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, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or 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):

- (i) OWNERSHIP. Each individual (natural person), if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) CONTROL. An individual (natural person) with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, 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 at least one individual under section (ii). It is possible that in some circumstances the same individual (natural person) might be identified under both Beneficial Owner and Control 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 percent 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.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

A. Name and Title of Natural Person Opening Account: _____

B. Name and Address of Legal Entity for Which the Account is Being Opened: _____

C. Ownership-Beneficial Owner. The following information for each individual, if any, who directly or indirectly, through any contact, arrangement, understanding, relationship or otherwise, owns at least 25 percent or more of the equity interests of the legal entity listed above:

- Check here if no individual meets this definition
- Check here if the legal entity is excluded under 31 CFR 1010.230(e)(2)
- Check here if the account is exempt from this requirement under 31 CFR 1010.230(h)

Name	Ownership %	DOB	Address ¹	SSN ²

For any exclusion or exemption under 31 CFR 1010.230(e)(2) or 31 CFR 1010.230(h), respectively, identified above, please specify and/or provide further detail: _____

D. Control Person. The following information for at least one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

Name	Title/Role	DOB	Address ¹	SSN ²

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further agree to notify the financial institution of any change in ownership or control information or excluded or exempt status (if applicable) during the period in which the account is open.

Signature: _____

Date: _____

1. A physical address (i.e., the individual's street or business address) is required. A P.O. box is not a physical address.

2. For a non-U.S. person or individual without a Social Security number (SSN), please provide one the following: taxpayer identification number (e.g., ITIN); passport number and country of issuance; alien identification card number; or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.