



Account Type: ☐ Business Checking ☐ Economy Business Checking ☐ Free Small Business Checking ☐ Business Interest Checking
☐ Freedom Savings ☐ Money Market Savings ☐ Certificate of Deposit ☐ Safe Deposit Box

Business Type:

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Non-Profit Organization/Association
☐ Limited Liability Company
☐ Trust
☐ Other _____

Required at Account Opening:

- ☐ Montana Business Entity Registry
☐ Partnership Agreement and Montana Business Entity Registry
☐ Articles of Incorporation and Montana Business Entity Registry
☐ By-laws, Charter, or Minutes, Naming the Officers or Representatives
☐ Articles of Organization and Operating Agreement Naming Managing Members
☐ Trust Documents Drawn up by an Attorney Naming the Trustees
☐ _____

In accordance with the US Patriot Act all Signers are required to provide Personal Information and Valid Picture Identification at Account Opening

BUSINESS INFORMATION

Business Name or DBA: _____ Tax Identification Number: _____

Nature of Business: _____

(Examples: Convenience Store, Restaurant, Retail Store, Attorney, Doctor, Broker, Auto Sales, Equipment Sales, General Contractor for Construction)

Mailing Address (City, State, Zip): _____

Physical Address (City, State, Zip): _____

Telephone: _____ Web Address: _____

Is this a Marijuana Related Business? ☐ Yes ☐ No if yes, please describe: _____

Does this business own or operate video gaming or gaming machines/equipment? ☐ Yes ☐ No

Does this business cash checks for customers totaling over \$1,000 daily? ☐ Yes ☐ No

Is this a Money Servicing Business (MSB)? ☐ Yes ☐ No if yes, please enter your MSB Registration Number: _____

Why did you choose Freedom Bank? _____

AUTHORIZED INDIVIDUALS

1) Name: _____

Title (Example: Manager, President, etc.): _____ Ownership %: _____

Mailing Address (City, State, Zip): _____

Physical Address (City, State, Zip): _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Social Security Number: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Government Issued-ID #: _____ Issued: _____ Expires: _____

City Born in: _____ Mother's Maiden Name: _____

Security Question: _____ Answer: _____

E-Mail Address: _____

2) Name: _____

Title (Example: Manager, President, etc.): _____ Ownership %: _____

Mailing Address (City, State, Zip): _____

Physical Address (City, State, Zip): _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Social Security Number: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Government Issued-ID #: _____ Issued: _____ Expires: _____

City Born in: _____ Mother's Maiden Name: _____

Security Question: _____ Answer: _____

E-Mail Address: _____

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ALL NEW DEPOSIT ACCOUNTS ARE VERIFIED THROUGH CHEXSYSTEMS

Submitted Application Forms are Property of Freedom Bank and will be retained for records whether the account is approved or denied.

FDIC Insured

3) Name: _____

Title (Example: Manager, President, etc.): _____ Ownership %: _____

Mailing Address (City, State, Zip): _____

Physical Address (City, State, Zip): _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Social Security Number: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Government Issued-ID #: _____ Issued: _____ Expires: _____

City Born in: _____ Mother's Maiden Name: _____

Security Question: _____ Answer: _____

E-Mail Address: _____

Are there any individuals or entities with 25% or more ownership in the business that are not listed on the application?

☐ **Yes** ☐ **No** If yes, please request the Beneficial Ownership Addendum from Freedom Bank.

ACCOUNT ACTIVITY QUESTIONS

(Not Applicable for Certificates of Deposit or Safe Deposit Boxes)

1. What is the purpose of this account? (Example: Payroll Account, Tax Account, Expense Account, ATM Account, Day-to-Day Operations of Business) _____
2. What type of items do you expect to deposit? **CHECK ALL THAT APPLY:**
☐ Cash ☐ Checks ☐ Direct deposits ☐ Remote Deposit Capture ☐ Wire transfers ☐ ACH
☐ Other (please explain) _____
3. Average Monthly in person cash Deposits: ☐ under \$1,500 ☐ \$1,500 to \$4,500 ☐ over \$4,500
4. What method do you plan to withdraw funds from the account? **CHECK ALL THAT APPLY:**
☐ Cash ☐ Checks ☐ Debit Card ☐ ATM withdrawal ☐ Cashier's Check ☐ Wire transfers ☐ ACH
☐ Other (please explain) _____
5. Average Monthly in person cash Withdrawals: ☐ under \$1,500 ☐ \$1,500 to \$4,500 ☐ over \$4,500
6. Will you be doing any transactions outside the U.S.? ☐ Yes ☐ No if yes, what country or countries? _____
7. Do you have an ATM on site at your business? ☐ Yes ☐ No if yes, please describe how the ATM cash is maintained, and if the ATM has Crypto currency conversion capabilities. _____
8. Are any applicants or applicant affiliates Politically Exposed Persons (PEP)? ☐ Yes ☐ No;
 If yes, please explain in what capacity. _____

PLEASE NOTE: Due to banking regulations, more questions may be required for customer due diligence.

UNLAWFUL INTERNET GAMBLING TRANSACTIONS PROHIBITED

I certify that my business is not now engaged in, and during the life of this agreement will not engage in, any activity or business that is unlawful under the Unlawful Internet Gambling Enforcement Act of 2006, 31 USC 5361, et seq., (the "UIGEA").

You may not use your account or any other service we offer to receive any funds, transfer, credit, instrument, or proceeds that arise out of a business that is unlawful under the UIGEA. You agree that if anyone asks us to process a transaction that we believe is restricted under the UIGEA, we may block the transaction and take any other action we deem to be reasonable under the UIGEA and this agreement.

All Signers initial here: _____/_____/_____

By completing this application, I acknowledge that Freedom Bank is authorized to access my personal information and in doing so retain my information acquired through ChexSystems and any federal or state government agencies. I understand my application will be subject to approval based on these reports.

1) _____ 2) _____
 Name 1 Signature Name 2 Signature

3) _____
 Name 3 Signature

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 FDIC Insured**