

Switching to PlainsCapital Bank has never been easier. Fill out and print this form, and bring it with you when you come in to open your new account. You'll also need to bring the following documentation based on your business type:

All Businesses Account Signers • A copy of a valid Driver's License or State Identification Card for each authorized signer
(The copy must be legible for security purposes)

Corporation

- Formed before January 2006: Articles of Incorporation
- Formed after January 2006: Certificate of Formation
- If using TIN – IRS TIN Confirmation Letter may be requested

Partnership

- Partnership agreement
- If using TIN – IRS TIN Confirmation Letter may be requested

Sole Proprietorship

- Only county assumed name certificate is needed
- If using TIN – IRS TIN Confirmation Letter may be requested

Non-profit Corporation

- Formed before January 2006: Articles of Incorporation
- Formed after January 2006: Certificate of Formation
- If using TIN – IRS TIN Confirmation Letter may be requested

Trust

- Trust agreement
- If using TIN – IRS TIN Confirmation Letter may be requested

Estate

- Death certificate, letters of testamentary
- If using TIN – IRS TIN Confirmation Letter may be requested

**Non-profit Association
(unincorporated)**

- Governing documents
- If using TIN – IRS TIN Confirmation Letter may be requested

IOLTA

- Appropriate business documents depending on law firm's structure
- IOLTA Form (IOLTA Notice to Financial Institution and Foundation)

Campaign

- Form CTA, Local/State and Federal: Letter from the candidate authorizing the account and authorized signers
- Federal: Additional FEC Form 1
- If using TIN – IRS TIN Confirmation Letter may be requested

PAC

- Local/State: Appointment of Treasurer by a General (or Specific) Purpose Committee with Texas Ethics Commission
- Federal: Statement of Organization with the Federal Elections Committee
- If using TIN – IRS TIN Confirmation Letter may be requested

LLC

- Formed Before January 2006: Articles of Incorporation
- Formed After January 2006: Certificate of Formation
- If using TIN – IRS TIN Confirmation Letter may be requested

LLP/LP

- Partnership Agreement
- Formed Before January 2006: Certificate of Limited Partnership
- Formed After January 2006: Certificate of Formation
- If using TIN – IRS TIN Confirmation Letter may be requested

DBA

- DBA (corporation doing business as another business)
- Business DBA Business: Assumed Name Certificate State, General Partnership
- DBA Business: Assumed Name Certificate – State

All products and services are bound by our Commercial Deposit Account Agreement and Services Disclosure.

Company Information

Legal Name of Entity

DBA (if applicable)

Type of Business (check one)

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Estate | <input type="checkbox"/> Non-profit Association | <input type="checkbox"/> LLC |
| <input type="checkbox"/> IOLTA | <input type="checkbox"/> Campaign | <input type="checkbox"/> PAC | <input type="checkbox"/> LLP/LP |

Street Address

City

State

Zip

Mailing Address (if different)

City

State

Zip

Primary Phone Number

Alternate Phone Number

Fax Number

Federal Tax Identification Number

Social Security Number (for sole proprietorships)

Establish Authorized Signers

Each authorized signer on the account will need to complete this form.

Signer Authority (choose one):

- Signer can open, close and maintain accounts under the business name as well as conduct transactions (sign checks, initiate wires, conduct debits at a branch, etc.). At least one person on the account must have this authority.
- Signer can only conduct transactions (sign checks, initiate wires, conduct debits at a branch, etc.) and cannot open/close an account on behalf of the business or process any information updates (i.e. address change).

| | | | |
|---------------------------------|-------------------------------|---------------------------------|--|
| _____ Name | _____ Home Phone | _____ Work Phone | _____ Cell Phone |
| _____ Social Security Number | _____ Date of Birth | _____ Country of Citizenship | Are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Home Address | _____ Apt. # | _____ City | _____ State _____ Zip |
| _____ Drivers License Number | _____ State | _____ Expiration Date | |
| _____ Email Address | _____ Mother's Maiden Name | | |

Occupation Employment Status: Full-time Part-time Contractor

Are you or is anyone you are related to holding any kind of political office, either within the United States or internationally?

Yes No

If yes, what is that person's relationship to you and what office is being held? _____

Choose a Security Question:

- | | |
|---|---|
| <input type="checkbox"/> What was your childhood nickname? | <input type="checkbox"/> What was your first job? |
| <input type="checkbox"/> What was the name of your first pet? | <input type="checkbox"/> What is the last name of your first teacher? |
| <input type="checkbox"/> What is your father's middle name? | <input type="checkbox"/> What was the make of your first car? |
| <input type="checkbox"/> In what city were you born? | <input type="checkbox"/> What school did you attend in 6th grade? |
| <input type="checkbox"/> What was your high school mascot? | <input type="checkbox"/> What is the middle name of your oldest sibling? |
| <input type="checkbox"/> What is your mother's birth year? | <input type="checkbox"/> In what city did you meet your spouse/significant other? |
| <input type="checkbox"/> Who was your favorite teacher? | |

Answer to Security Question

New Account Questionnaire

ADDITIONAL INFORMATION ABOUT YOUR BUSINESS AND ANTICIPATED ACCOUNT ACTIVITY

Business description (please describe in specific detail line of business, products and services):

Website: _____ Number of Locations: _____

Trade area: Domestic & International Local National Regional Strictly International

Anticipated Monthly Cash/Check Information

Number of Check Deposits _____ Amount _____

Number of Checks Written _____ Amount _____

Number of Cash Deposits _____ Amount _____

Number of Cash Withdrawals _____ Amount _____

Anticipated Monthly Wire Transfer Information

Transfer Services: Yes No

Domestic Incoming Activity: Yes No

If yes, Number of Domestic Incoming Wires _____

If yes, Domestic Incoming Wire Amounts _____

Domestic Outgoing Activity: Yes No

If yes, Number of Domestic Outgoing Wires _____

If yes, Domestic Outgoing Wire Amounts _____

Foreign Incoming Activity: Yes No

If yes, Number of Foreign Incoming Wires _____

If yes, Foreign Incoming Wire Amounts _____

Foreign Outgoing Activity: Yes No

If yes, Number of Foreign Outgoing Wires _____

If yes, Foreign Outgoing Wire Amounts _____

ACH Payment Information

Will you accept ACH deposits into the account? (This could include any form of inbound ACH transfers into the accounts. A common example is credit/debit card settlements from a card processing company.) If yes, please note the volume of anticipated monthly activity and dollar amounts of these types of transactions in the next field labeled "ACH Additional Due Diligence Information."

Accepts: Yes No

ACH Additional Due Diligence Information:

REGULATORY QUESTIONS

Money Service Business

Is this business engaged in any of the following?

- Yes No Check Cashing
- Yes No Seller/Issuer of Money Orders and/or Travelers Check
- Yes No Redeemer of Money Orders and/or Travelers Check
- Yes No Money Transmissions (i.e., Western Union, Money Gram, etc.) OR Currency Exchange
- Yes No Seller of Prepaid Cards greater than \$1,000

Third Party Payment Processors:

- Yes No Does this business process payments on behalf of any third party? Examples include third party credit card transactions, ACH transactions, or demand drafts/remotely created checks. (This does not include customers who accept credit cards as retail payments only.)
- Yes No Is a significant portion of this business' clientele composed of mail order, telemarketing, credit repair, online gambling, payday lenders, offshore entities, or adult entertainment companies?
- Yes No Does this business offer "Payment Gateway" or "E-Commerce" services?

Privately Owned ATM:

- Yes No Will this business operate an ATM through this Account?

(If yes, you must open a dedicated business checking account for transactions associated with the ATM. You are expected to fund the ATM via cash withdrawals from the account. The account should be funded exclusively by ACH credits associated with the ATM's activity.)

Foreign Entity:

What country or tribal nation was this business entity formed in? _____

Marijuana Related Businesses

- Yes No Is this business engaged (directly or indirectly) in the sale of marijuana, products containing THC, or synthetic cannabinoids?
- Yes No Do the products sold by this business contain hemp or CBD oil?

Virtual Currency

- Yes No Is this business engaged in mining, investing, or transmission of virtual currencies?

Adult Entertainment

- Yes No Is this business engaged in the adult entertainment industry?

Wholesale Clothing/Ropa Usada

Yes No Is this business engaged in the wholesale of used or new clothing?

Firearms / Ammunition

Yes No Does the customer engage in the sell of firearms or ammunition?

UIGEA:

Yes No Is this business engaged in any type of internet based gambling?

Other Entities:

Yes No Does this business offer or facilitate payday loans, payday advances, salary loans, payroll loans, small dollar loans, short term loans, cash advance loans, or any other form of short term, unsecured debt?

Yes No Does this business offer or facilitate vehicle title loans?

Yes No Does this business offer credit counseling or debt consolidation services?

Yes No Is this business a telemarketer?

Specific Industry Codes

Please check the correct business industry code / description or select Other:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Aircraft Dealer | <input type="checkbox"/> ATM & High Risk Business | <input type="checkbox"/> ATM & MSB |
| <input type="checkbox"/> ATM Operator | <input type="checkbox"/> Attorney | <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Auto Dealer |
| <input type="checkbox"/> Boat Dealer | <input type="checkbox"/> Casino | <input type="checkbox"/> CBD / Hemp | <input type="checkbox"/> Charity |
| <input type="checkbox"/> Church Org. | <input type="checkbox"/> Civic Org. | <input type="checkbox"/> Constructor | <input type="checkbox"/> Control Disbursement |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Correspondent Bank | <input type="checkbox"/> Cotton | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Energy Oil & Gas | <input type="checkbox"/> Farm / Ranch | <input type="checkbox"/> Finance / Loan Company | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Internal | <input type="checkbox"/> International Activity | <input type="checkbox"/> Jewel / Coin Dealer | <input type="checkbox"/> Liquor Sale |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Manufacture | <input type="checkbox"/> Medical | <input type="checkbox"/> Money Service Business |
| <input type="checkbox"/> Non-Resident Alien Business | <input type="checkbox"/> Non-Resident Alien Person | <input type="checkbox"/> Parking Operator | <input type="checkbox"/> Pawn Shop |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Political | <input type="checkbox"/> Professional Org. | <input type="checkbox"/> Public Fund |
| <input type="checkbox"/> Real Estate Agent | <input type="checkbox"/> Real Estate Holding | <input type="checkbox"/> Recycling | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Retail Shop | <input type="checkbox"/> Ropa Usada | <input type="checkbox"/> Securities | <input type="checkbox"/> Shrimp / Fish |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Sweep Account | <input type="checkbox"/> Third Party Pymt Processor | <input type="checkbox"/> Time Account |
| <input type="checkbox"/> Title Company | <input type="checkbox"/> Travel Agency | <input type="checkbox"/> Vending Operator | <input type="checkbox"/> Virtual Currency |
| <input type="checkbox"/> Other | | | |

STEP 2

Select Accounts and Products

Please select the products and services you are interested in opening (check all that apply)

Checking Accounts

- Commercial All Access
- Business Plus
- Business Interest
- Business Basics

Money Market and Time Deposit Accounts

- Business Money Market
- Business Certificate of Deposit

Other Services

- Business Debit Card
- Business Credit Card
- Business Checks
- Combined Statements
- ChecXchange (Returned check recovery service)

Online Banking

- Basic Business Online Banking

Primary User's Name _____

Is Primary User an Authorized Signer? Yes No

Do you need to add additional users? Yes No

Available Treasury Management Services

Select desired services for more information.*

- Business Online Services
- Online Wires
- ACH Origination
- Positive Pay (Check, ACH)
- Lockbox Services
- Zero Balance Accounts/Investment Sweeps
- Merchant Processing Services
- Remote Deposit Capture
- Foreign Exchange Wires/Intl. Services

*Treasury Services will require further documentation.

All products and services are bound by our Commercial Deposit Account Agreement and Services Disclosure and our Treasury Management Terms and Conditions.

PLAINSCAPITAL BANK BENEFICIAL OWNER CERTIFICATION FORM

CERTIFICATION OF BENEFICIAL OWNER(S)

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

BUSINESS INFORMATION

| | | | |
|--|--|--------------------------------------|--|
| Name of Natural Person Opening Account | | Title | |
| Business name | | <input type="checkbox"/> LLC | |
| Phone | | <input type="checkbox"/> Partnership | |
| Email | | <input type="checkbox"/> Corporation | |
| Registered company address | | <input type="checkbox"/> Other _____ | |

Please provide the following information for each individual (real persons, not businesses) who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

BENEFICIAL OWNER 1

| | |
|---|--------------------------------------|
| Name | |
| Date of Birth | US Citizens – Social Security Number |
| Physical Address (no P.O. Boxes) | |
| Foreign Persons – Passport Number and Country of Issuance | |
| Approximate Percentage Ownership | |

BENEFICIAL OWNER 2

| | |
|---|--------------------------------------|
| Name | |
| Date of Birth | US Citizens – Social Security Number |
| Physical Address (no P.O. Boxes) | |
| Foreign Persons – Passport Number and Country of Issuance | |
| Approximate Percentage Ownership | |

BENEFICIAL OWNER 3

| | |
|---|--------------------------------------|
| Name | |
| Date of Birth | US Citizens – Social Security Number |
| Physical Address (no P.O. Boxes) | |
| Foreign Persons – Passport Number and Country of Issuance | |
| Approximate Percentage Ownership | |

BENEFICIAL OWNER 4

| | |
|---|--------------------------------------|
| Name | |
| Date of Birth | US Citizens – Social Security Number |
| Physical Address (no P.O. Boxes) | |
| Foreign Persons – Passport Number and Country of Issuance | |
| Approximate Percentage Ownership | |

If no individual meets the definition above, please initial here _____

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager; or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed under beneficial owner above may also be listed in this section.

CONTROLLING PERSON

| | |
|---|--|
| Name | |
| Date of Birth | |
| Physical Address (no P.O. Boxes) | |
| ID Number: US Citizens (SSN)/Foreign Persons (Passport and Issuing Country) | |

By signing below, I certify, to the best of my knowledge, that the information provided above is complete and correct. Additionally, I commit to informing PlainsCapital Bank should any change in ownership occur.

CERTIFIER'S SIGNATURE

| | |
|----------------|--|
| Signature | |
| Name and Title | |
| Date | |

Change information for electronic transactions to be credited to or debited from your PlainsCapital Bank account

To Whom It May Concern:

I would like to establish an automatic payment/deposit as instructed below.

Please: Create a New Automatic Payment Change My Current Automatic Payment
 Create a New Automatic Deposit Change My Current Automatic Deposit

Business Information

Business Name

Street Address

City

State

Zip

Requestor Name

Requestor Phone

Payment/Deposit Information

Name of Payee

Account Number of Payee

Debit/Credit My PlainsCapital Bank Account

Charge My PlainsCapital Bank Debit Card

Routing Number: 111322994

Card Number: _____

Account Number: _____

Expiration Date: _____

Note: Attach a voided check or deposit slip below.

Authorization

I authorize _____ (vendor) to initiate credits or debits from my PlainsCapital Bank account as indicated above and to make adjustments for any transaction made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date

FOR ACCOUNT DEBIT,
ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the payee for processing.

Please Close My Account

Bank Name

Address

City

State

Zip

To Whom It May Concern:

Effective immediately, please close the following account:

Account Number: _____

Primary Account Owner Name: _____

Secondary Account Owner Name (if applicable): _____

Please process and forward any remaining funds in my account by check to the following address:

Name

Mailing Address

City

State

Zip

If you have any questions or if this form is not sufficient to complete this request, please contact me at the following numbers:

Business Phone

Home Phone

Thank you for your assistance in completing this request.

Primary Account Owner Signature

Date

Secondary Account Owner Signature (if applicable)

Date