



NON-PERSONAL ACCOUNT APPLICATION (DOM)

Account Holder Information

Date:

ACCOUNT NAME AND TYPE

Account Holder

Social Security Number

Entity Type (LLC, Corporation, Partnership, Sole Proprietorship, Trust, Other)

County of Organization

State of Organization

Date Formed

Website

Business Phone Number

MAILING ADDRESS

Address Line 1

Address Line 2

City

State

Zip Code

BUSINESS ADDRESS

Address Line 1

Address Line 2

City

State

Zip Code

PHONE, E-MAIL, AND INTERNET

Business Phone

Mobile Phone

Fax Phone

E-Mail Address

Web Address

ACCOUNT PRINCIPAL

Name

Date of Birth

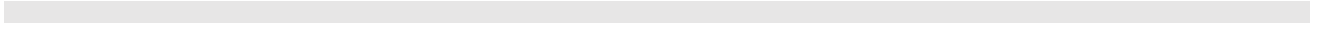
Address

Telephone

Foreign Tax Identification Number

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Title





NON-PERSONAL ACCOUNT APPLICATION

Account Description and Activity

Account Name

Account Description

Business Description

Primary Source of Funding for the Account Holder (e.g., salary from ABC Co., distributions from XYZ investment with ABC Co.)

Please Provide a Brief Description of the Purpose of the Account (e.g. to pay salaries for employees of ABC Company etc.)

Please Provide the Account's Estimated Average Balance over the Next Three Years. You May Provide this Estimate as a Range.

Transaction Activity

Please Provide QUARTERLY Estimates:

<i>Transaction Type</i>	<i>Anticipated Number</i>	<i>Anticipated Dollar Volume</i>
Wire Transfers In		
Wire Transfers Out		
Cash Deposits		
Cash Withdrawals		

Do You Anticipate Sending or Receiving Foreign Wires (Yes/No)?

If yes, what is the anticipated number per quarter and anticipated dollar volume?

Please Indicate Any Other Types of Account Activity Anticipated:

FOR BANK USE ONLY

Date:		Opened By:		Account Officer:	
OFAC Verified:		CDD/KYC Risk:		Approved By:	

Additional Accounts/Notes





NON-PERSONAL ACCOUNT APPLICATION ULTIMATE BENEFICIAL OWNER INFORMATION

Account Name

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Name of Natural Person Opening the Account

Title

Please provide the below information for each natural person, if any, who directly or indirectly, through any contract, understanding, relationship or otherwise, **owns twenty-five percent (25%)** or more of the equity interests of the legal entity. If no individual meets this definition, please write "Not Applicable." Each person listed will be required to provide photo identification.

Name	Date of Birth	Percent Ownership	Address	For U.S. Persons For Non-U.S. Persons

* Non-U.S. Persons may provide a Social Security Number, Passport Number and Country of Issuance, or other similar form of identification number, identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and be similar safeguard).

Please provide the below information for one natural person with significant responsibility for managing the legal entity. This natural person may include Chairperson, President, Vice President, Treasurer, CEO, CFO, COO, Managing Member, Trustee, or any other individual who regularly performs similar functions. If appropriate, an individual listed above may be listed below. The person listed below will be required to provide photo identification.

Name	Date of Birth	Percent Ownership	Address	For U.S. Persons For Non-U.S. Persons

* Non-U.S. Persons may provide a Social Security Number, Passport Number and Country of Issuance, or other similar form of identification number, identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and be similar safeguard).

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and I agree to notify Capital Bank of any change in such information.

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Name of Natural Person Opening Account

Signature



NON-PERSONAL ACCOUNT APPLICATION

Authorized Signers and Account Detail

Account Name

The undersigned agree(s) to the terms of the Account Agreement and Disclosures (receipt of which is hereby acknowledge the terms of the Alpine Capital Bank account(s) and service(s) selected. The undersigned authorize(s) Alpine Capital Bank information regarding the financial affairs of the account holder and authorize(s) the release of such information to Alpine Capital Bank. The undersigned represent(s) and warrant(s) that the account owner is duly organized under the laws of the jurisdiction set

AUTHORIZED SIGNERS

NAME	SIGNATURE

SPECIAL INSTRUCTIONS

I hereby certify that the signatures appearing on this signature card, or their facsimile signatures, are the signatures of the account holder, authorized signatories, and Alpine Capital Bank is hereby authorized to recognize these signatures in the payment of funds and in the other business for the account holder in accordance with the Resolutions of Authority from time to time submitted to Alpine Capital Bank. It is further certified that the signature arrangement appearing on this signature card is authorized by the account holder.

Signature and Title -- Secretary (Corporation), Member (LLC), General Partner (Partnership), Trustee (Trust), or Sole Proprietor

	Account Type	Account Number(s)
ACCOUNT DETAIL (To Be Completed by Bank)	Checking	
	NOW Checking	
	Money Market	
	Savings	
	Time Deposit	



NON-PERSONAL ACCOUNT APPLICATION

Additional Interested Parties

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Account Name

**Please complete the information below for Additional Interested Parties.
(account signers, individuals authorized to access account information, beneficiaries,**

**ADDITIONAL
INTERESTED
PARTY**

Name	Date of Birth
Address	
Telephone	E-Mail Address
Social Security Number or Foreign Tax Identification Number	Title
Special Instructions/Notes	

**ADDITIONAL
INTERESTED
PARTY**

Name	Date of Birth
Address	
Telephone	E-Mail Address
Social Security Number or Foreign Tax Identification Number	Title
Special Instructions/Notes	

**ADDITIONAL
INTERESTED
PARTY**

Name	Date of Birth
Address	
Telephone	E-Mail Address
Social Security Number or Foreign Tax Identification Number	Title

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Special Instructions/Notes





NON-PERSONAL ACCOUNT APPLICATION Account Services

Account Name

INTERNET ACCESS REQUEST

I/we hereby confirm that I/we have received, read, and hereby agree to Alpine Capital Bank's Internet Account Access Agreement. I/we involved in using Internet account access, and agree to safeguard all personal account access information to my/our account.

Account Number(s)	Internet User	Signature

By signing below, I/we also request the ability to conduct internal funds transfers between my/our linked accounts, and accept the risks transactions.

Account Holder Signature

Joint Account Holder Signature

ONLINE BILL PAYMENT REQUEST

I/we hereby confirm that I/we have received, read, and hereby agree to Alpine Capital Bank's Online Bill Payment Agreement and related Business Deposit Account Addendum. I/we understand the risks involved in using Online Bill Payment, and agree to safeguard access information to my/our account.

Account Number(s)	Bill Pay User	Signature

ELECTRONIC COMMUNICATIONS REQUEST

I/we hereby confirm that I/we have received, read, and hereby agree to Alpine Capital Bank's Electronic Communications Agreement and related risks involved in using Electronic Communications, and agree to safeguard all personal account access information related to Electronic Communications.

Account Number(s)	E-Mail Address	Signature

FOR BANK USE ONLY

Internet Access	Received		Confirmed		Entered	
Internet Funds Transfers	Received		Confirmed		Entered	
Online Bill Payment	Received		Confirmed		Entered	
Electronic Comm.	Received		Confirmed		Entered	



NON-PERSONAL ACCOUNT APPLICATION

Additional Account Services

Account Name

**CHECKBOOK
ORDER**

Account Number(s)	Signature

Check Imprint	
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Alternate Mailing Address	
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Check Type	Wallet - Specify Blue, Yellow, or Green	
	3 Per Page -Specify Home Desk or Business	
	Other (Money Market Checks)	

Special Notes	
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I/we hereby acknowledge that I/we have received Alpine Capital Bank's Account Agreement and Disclosures and agree to be legal and conditions therein, including the disclosure statement informing me/us of my/our rights under the Electronic Funds Transfer Act.

**DEBIT
CARD**

Account Number	Cardholder Name	Signature

Special Notes	
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Your Account Officer Will Request a Four Digit Numeric PIN for Card Access.

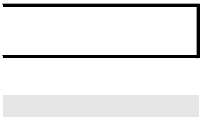
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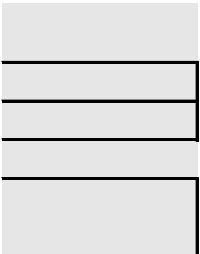
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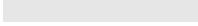
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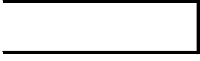
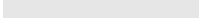
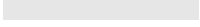
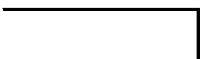
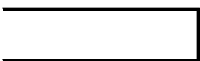
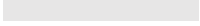
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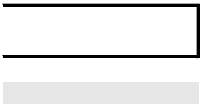
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I/we understand the risks

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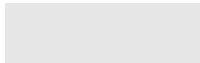
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