

Important Information About Procedures for Opening an Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. Identity verification also helps to protect you and us from identity fraud.

What this means for you: When you open an Account, we will ask you and persons associated with your account, for your name, address, date of birth, Social Security Number, and other information that will allow us to identify you. A copy of a valid Passport or Driver's License is required at the time of account opening.

LLC INFORMATION

Name of LLC _____

Note: Please provide a signed copy of the W9 or SS4 for the underlying member.

Will the LLC require a separate Tax Identification Number from that of the underlying member?
Yes ___ No ___

If the LLC will have a separate TIN from that of the underlying member, will Peak Trust Company be responsible for applying for the TIN? Yes ___ No ___

If TIN has already been obtained, please provide.

LLC Tax Identification Number (TIN) _____

MEMBER INFORMATION

Name of Member (First/Mi/Last) _____

Physical Address _____

City _____ State _____ Zip _____ Country _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

MEMBER INFORMATION *(Continued)*

Date of Birth ___/___/___ Social Security Number _____

Is Member a US Citizen? Yes ___ No ___

If not a US Citizen, provide country of citizenship: _____

Note: Please attach a legible copy of the Member's Passport or Driver's License.

MEMBER INFORMATION *(Applicable if there is an additional Member.)*

Name of Member (First/Mi/Last) _____

Physical Address _____

City _____ State _____ Zip _____ Country _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Is Member a US Citizen? Yes ___ No ___

If not a US Citizen, provide country of citizenship: _____

Note: Please attach a legible copy of the Member's Passport or Driver's License.

ATTORNEY INFORMATION

Name of Referring Attorney _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Law Firm EIN _____

CPA INFORMATION *(Please provide the firm or individual whom the Member wishes to prepare the LLC's income tax returns.)*

Name of CPA _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

CPA Firm EIN _____

Note: CPA information is required within 30 days of account opening or a CPA will be designated.

REGISTERED AGENT INFORMATION *(Please provide information for the firm or individual chosen as the Registered Agent for the LLC.)*

Name of Registered Agent _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

BILLING INVOICE RECIPIENT *(Please provide the address where billing invoices should be sent.)*

Name of Invoice Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Please select an invoice delivery method: Email (default) Paper



LLC STATEMENT RECIPIENT *(Please designate person(s) to receive LLC statements. If there are more than two individuals who should receive LLC statements, please include their information on a separate attachment.)*

Name of LLC Statement Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Statement Frequency: Monthly ___ Quarterly ___ Semi-Annual ___ Annual ___

Please select a statement delivery method: Electronic Statements ___ OR Paper Statements ___

Note: *If you select Electronic Statements, you will be provided with access to our online portal.*

LLC STATEMENT RECIPIENT *(Applicable if there is an additional LLC statement recipient.)*

Name of LLC Statement Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Statement Frequency: Monthly ___ Quarterly ___ Semi-Annual ___ Annual ___

Please select a statement delivery method: Electronic Statements ___ OR Paper Statements ___

Note: *If you select Electronic Statements, you will be provided with access to our online portal.*

LLC STATEMENT RECIPIENT *(Applicable if there is an additional LLC statement recipient.)*

Name of LLC Statement Recipient _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Email _____

Statement Frequency: Monthly ___ Quarterly ___ Semi-Annual ___ Annual ___

Please select a statement delivery method: Electronic Statements ___ OR Paper Statements ___

Note: *If you select Electronic Statements, you will be provided with access to our online portal.*