

Branch	Associate Name	ID No.

**It's easy to Apply.**

NOTE: In accordance with the USA PATRIOT Act, we ask for certain information about you for the purpose of verifying your identity. Please ask a Bank representative for details.

**This Business Credit Card Application is subject to your agreements and representations included on page 2 of this document.**

<b>BUSINESS INFORMATION</b>	Legal Business Name		Company Name to Appear on Card		Federal Tax ID Number	
	Physical Business Street Address (Include Number, Street, City, State and Zip Code. Do not use PO Box.)					
	Mailing Address (if different from Physical Address, above)				Website Address (URL)	
	Number of Employees	Number of Locations	State Where Organized	Business Phone Number	Date Business Established	State Established
	Description of Business					
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or Subchapter S Corp. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Not-for-Profit/Govt.						
<b>BUSINESS FINANCIAL INFORMATION</b>	Primary Bank		Average Checking Account Balance	Total Business Assets	Total Business Liabilities	
			\$	\$	\$	
	Gross Annual Sales Revenue (Last Year)		Net Profit for Last Fiscal Year	Total Monthly Loan Payments	Total Business Net Worth	
	\$		\$	\$	\$	
Has business operated at a loss for any of the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: \$ _____ ; Year(s) _____ ; Cumulative? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the business or any owner owe any taxes from prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: \$ _____ ; Year(s) _____ ; Cumulative? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the business or any of its owners declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe on a separate sheet, <input type="checkbox"/> attached. Is the business or any owner currently involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe on a separate sheet, <input type="checkbox"/> attached.						
<b>PERSONAL INFORMATION ON BUSINESS OWNERS (GUARANTORS)</b>	<b>Please provide the following information on all owners (20% or more) of the business. All business owners must sign this Application. Please complete an Addendum for Business Owners form if more than 2 owners exist.</b> <input type="checkbox"/> Check here if <i>Addendum for Business Owners</i> is attached.					
	Name:		Social Security No.:		Position:	
	Address:		Date of Birth:		Owner Since:	
	E-mail:		Total Personal Net worth: \$		Business Ownership: %	
	Phone:		Annual Salary: \$		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
			Other Income*: \$		Monthly Pmt: \$ _____	
	Name:		Social Security No.:		Position:	
	Address:		Date of Birth:		Owner Since:	
	E-mail:		Total Personal Net worth: \$		Business Ownership: %	
	Phone:		Annual Salary: \$		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
		Other Income*: \$		Monthly Pmt: \$ _____		
*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.						
<b>CARD OPTIONS AND ACCOUNT SETUP</b>	Credit Limit Requested		<input type="checkbox"/> Check here if this is a request to increase the limit on an existing account.		<input type="checkbox"/> Revolving Credit ( available for aggregate credit lines under \$25,000)	
	\$				<input type="checkbox"/> Pay in Full Monthly	
	Check A or B: <input type="checkbox"/> (A) Individual Billing (Each Individual cardholder will receive a separate bill and be allowed to accrue and redeem points.) <input type="checkbox"/> (B) Consolidated Billing (Activity for all individual cards will appear on one statement for which you will submit one payment.)					
	Check C, if desired: <input type="checkbox"/> (C) Rewards Program (\$50 Annual Fee applies. See disclosure for details.)					
	<b>NAMES OF INDIVIDUALS TO BE ISSUED CARDS</b> Please complete an <i>Addendum for Business Owners</i> form if more than four cards are requested. <input type="checkbox"/> Check here if <i>Addendum for Business Owners</i> is attached.					
Name of Employee (Print Only)		Title		<b>Used to verify Cardholder Identity</b>		Individual Card Limit
				Last 4 Digits of SSN	Date of Birth	
						\$
						\$
						\$
						\$
<b>SUPPORTING DOCUMENTATION</b>	<b>With this completed and signed Visa Business Credit Card Application:</b>					
	1. Credit requests greater than \$20,000 and applications from not-for-profits and retailers will require the 2 most recent year-end balance sheets and income statements or Federal Tax returns, and a completed and signed Visa Business Credit Card Application.					
	2. Credit requests greater than \$10,000 for a business less than 2 years old will require copies of the 2 most recent year-end Federal tax returns for each owner who owns 20% or more of the business and a completed and signed Visa Business Credit Card Application.					
	3. If you are approved for a Company credit limit greater than \$50,000, then each year you will be require to provide annual financial reports.					

**VISA BUSINESS CREDIT CARD APPLICATION**

**YOUR AGREEMENTS AND REPRESENTATIONS GOVERNING THIS CREDIT CARD APPLICATION**

<b>INTENT OF THIS APPLICATION</b>	<p><b>INTENT OF APPLICATION.</b> The business entity (the "Company") identified on page 1 hereby requests UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns ("UMB") to establish a credit card authority for the Company pursuant to which UMB will open one or more credit card accounts ("Account(s)") in the name of the Company and will issue one or more commercial credit cards or card numbers (each a "Card") to the Company and/or the employees or agents of the Company (collectively "Employees") to be used for Company related business, commercial or agricultural purposes. Each person who signs below or on a separate <i>Addendum for Business Owners</i> form on behalf of the Company represents that he or she is duly authorized by the Company to sign this Agreement and to bind the Company to the <i>Company's Agreement Concerning Card Issuance</i>, as set forth herein.</p>
<b>COMPANY'S AGREEMENTS CONCERNING CARD ISSUANCE</b>	<p><b>COMPANY'S AGREEMENTS CONCERNING CARD ISSUANCE.</b> If UMB approves Company's request, UMB will inform the Company of the amount of the Company's credit card authority. UMB will rely on the information provided in this form and any attached sheets regarding (a) the number of Accounts to open; (b) the requested credit limit for each Account; (c) the identity of Employees whose names are to be printed on Cards, in addition to the Company's name; (d) where to send copies of the monthly statements for each Account; and (e) other pertinent information. UMB will then issue Cards in accordance with the credit authority established for the Company. Subsequently, the Company shall give UMB notice of the same information for additional Employees authorized to use Cards, requested changes in credit limits for Accounts, and of termination by the Company of an Employee's authorization to use a Card. A termination notice should be accompanied by the Employee's Card, cut in half. UMB will not be obligated to recognize changes, additions, deletions or other information contained in a notice until after receiving the notice and having had a reasonable period of time thereafter to act thereon. Upon the issuance of Cards, as set forth herein, (i) the Company, by using or authorizing Employees to use Cards, will be deemed to be in agreement, and will comply with all of the terms and conditions stated in the Cardholder Agreement that will accompany the Cards; (ii) the Company will instruct Employees who use Cards to use them in accordance with this Agreement; (iii) the Company will pay when due all charges made to each Account; (iv) UMB may answer questions and give information to others concerning UMB's credit experience with the Company.</p> <p>The Company authorizes UMB to investigate the Company's creditworthiness and payment history and to otherwise verify the information contained in this form. The Company certifies that all information contained in this form is true and correct.</p>
<b>REQUIRED NOTICES</b>	<p><b>REQUIRED NOTICE.</b> The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.</p>
<b>OFFICER / OWNER'S REPRESENTATIONS</b>	<p><b>OFFICER / OWNER'S REPRESENTATIONS.</b> Each Owner/Officer of the Business signing below or on a separate <i>Addendum for Business Owners</i> form certifies that: (1) the information provided in this Application with respect to the Business (including any attachments) is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this application on behalf of Business; and (4) UMB is hereby authorized, from time to time at its discretion, to check the credit history of Business and the personal credit and employment history of each person signing this application, and to answer questions about Bank's credit experience with Business and each such person.</p>
<b>GUARANTY</b>	<p><b>GUARANTY.</b> Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to UMB all indebtedness of the Company, identified above, at any time arising under or relating to any credit requested through this <i>VISA Business Credit Card Application</i>, as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Company or other Guarantor, and (iii) the right to require UMB to proceed against the Company or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Company, or any changes in the Company's financial condition. Each Guarantor also authorizes UMB, without notice or prior consent, to (i) extend, modify compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more Guarantors without proceeding against the Company or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay UMB's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty shall benefit UMB and its successors and assigns; and (iii) an electronic or facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Missouri.</p>
<b>SIGNATURES</b>	<p>BY: _____  Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed</p> <p>BY: _____  Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed</p>
<b>Bank Use Only:</b>	<p><b>Branch Number</b> _____ <b>Associate</b> _____</p> <p><b>Company's Aggregate Outstanding Credit of all cards issued not to exceed \$</b> _____</p>

**ORGANIZATION RESOLUTION AND AGREEMENT  
FOR CREDIT CARD PROGRAM**

\_\_\_\_\_, who is the undersigned Recordkeeper for \_\_\_\_\_, (the "Organization"), a \_\_\_\_\_ (type of entity) organized under the laws of \_\_\_\_\_ (state), does hereby certify:

1. That he/she is the Secretary or Assistant Secretary, or an officer, partner, owner, principal, manager, member or other person having lawful custody of the official records of the above Organization (the "Recordkeeper") and is authorized to provide this document to UMB Bank, n.a. ("Bank").
2. That at a meeting of the governing body of the Organization duly held on \_\_\_\_\_ (date) and at which a quorum was present and acting throughout, or pursuant to the unanimous written consent of its members, the following Resolution and Agreement was duly adopted and approved and is currently in full force and effect, and has not been amended or rescinded:

**RESOLVED**, that a credit card authority for this Organization be established by the Designated Officer named in the section immediately below with UMB Bank, n.a., and that separate accounts and credit cards ("Cards") under said authority be opened and issued by Bank in the name of this Organization for use by employees and agents of this Organization who are identified from time to time by the Designated Officer, or by any successor to the Designated Officer identified from time to time by the Recordkeeper (or by the successor to the Recordkeeper), and that the Organization authorizes the use of the Cards in accordance with the Cardholder Agreement that is sent by Bank with the Cards; and

**RESOLVED FURTHER**, that \_\_\_\_\_ is the Designated Officer referred to in the above section of this Resolution, and that the Designated Officer or any successor to the Designated Officer designated in writing by the Recordkeeper (or by a successor Recordkeeper) may from time to time: request that Cards be issued in the name of this Organization; request that the credit limits and purchase controls be changed on existing Cards issued in the name of this Organization; designate additional persons authorized to use Cards issued by Bank in the name of this Organization; request termination of use of existing Cards; and communicate other pertinent information to Bank; and

**RESOLVED FURTHER**, that the forgoing resolution shall remain in full force and effect until written notice of an amendment or rescission thereof is delivered to and received for by Bank; and

**RESOLVED FURTHER**, that the Recordkeeper be and he/she is hereby authorized and directed to certify to Bank this resolution and that the Recordkeeper signing this Resolution and Agreement or any person designated in writing by the Recordkeeper, is authorized to certify to the Bank the names and signatures of persons authorized to act on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of said Recordkeeper are made, such Recordkeeper or designee shall immediately report, furnish and certify such changes to the Bank, and shall submit to Bank a new incumbency certificate or other document reflecting such changes in order to make such changes effective; and

**RESOLVED FURTHER**, that the foregoing resolution was adopted in accordance with the governing documents of the Organization, and that such resolution is now in full force and effect.

**IN WITNESS WHEREOF**, the undersigned Recordkeeper has subscribed his or her name and, if appropriate or required, applied the seal of the Organization to this Resolution and Agreement as of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**RECORDKEEPER**  
Signature by Secretary, Assistant Secretary, or other Person certifying to this Resolution and Agreement

**ADDITIONAL OFFICER**  
Signature by Second Person, certifying to incumbency of Recordkeeper

\_\_\_\_\_  
Signature  
Name (print): \_\_\_\_\_  
Title (print): \_\_\_\_\_

\_\_\_\_\_  
Signature  
Name (print): \_\_\_\_\_  
Title (print): \_\_\_\_\_

**Affix Seal, if required by Organization's governing documents.**

**Guidelines for Completion** for Customers that are U.S. legal entities:

- Corporation: The Recordkeeper signing above should be the corporate secretary or assistant secretary. The second person may be the Chairman, President, CEO, a Board member, the Treasurer or the CFO.
- Partnership, Limited Liability Partnership, Limited Liability Company, or Sole Proprietor: All general partners, all members, or the sole proprietor must sign this form, unless Organization's governing documents specify that a manager, managing general partner or other person may act. In any event, a second general partner or member must sign in the second place. Sole proprietors do not require a second signature.
- Governmental Entity: The Treasurer must sign in the first place, unless the Organization's charter specifies otherwise. The entity's Chairperson, Vice Chairperson, or Counsel must sign in the second place.

<b>DISCLOSURE INFORMATION</b>	
<b>Annual Percentage Rate ("APR") for Purchases</b>	Visa Business Card: <b>13.50%</b> Visa Business Rewards Card: <b>9.40%</b> Each APR is a variable rate, as explained below.
<b>Annual Percentage Rate ("APR") for Cash Advances</b>	Visa Business Credit Card - <b>17.50%</b> . Visa Business Rewards Credit Card - <b>13.40%</b> Each APR is a variable rate, as explained below.
<b>Variable Rate Information</b>	The APR for Purchases is determined monthly by adding <b>8.00%</b> to the Prime Rate for the Visa Business Credit Card and <b>3.90%</b> to the Prime Rate for the Visa Business Rewards Credit Card.  The APR for Cash Advances is determined monthly by adding <b>12.00%</b> to the Prime Rate for the Visa Business Credit Card and <b>7.90%</b> to the Prime Rate for Visa Business Rewards Credit Card.  The Prime Rate will never be less than <b>5.25%</b> . See explanation below <sup>1</sup> .
<b>Grace Period for Repayment of the Balance of Purchases</b>	At least 25 days when you pay your balance. Payment in full is required on credit lines greater than \$25,000.
<b>Method of Computing Balance for Purchases</b>	Two-cycle average daily balance (including new purchases)
<b>Annual Membership Fee</b>	Visa Business Credit Card: <b>None</b> Visa Business Rewards Credit Card: <b>\$50 per Card</b>
<b>Minimum Finance Charge</b>	Fifty cents ( <b>\$0.50</b> )
<b>Other Fees</b>	<b>Late Charge: \$15</b> if New Balance is less than \$100; <b>\$29</b> if New Balance is from \$100 to \$999.99; <b>\$39</b> if New Balance is \$1,000 or more  <b>Cash Advance Fee: 3%</b> of Cash Advance amount, with a \$10 minimum, no maximum on the amount of the fee  <b>Overlimit Charge: \$35</b>  <b>Returned Payment Charge: \$29</b> if a check is presented with insufficient funds, this fee will be assessed  <b>International Transaction Fee: 2%</b> of the U.S. dollar amount of each Cash or Purchase Advance

<sup>1</sup> The Prime Rate used to determine the APR for Purchases and for Cash Advances in the highest Prime Rate published in The Wall Street Journal the fifteenth (15th) day of each month, or the next business day if the 15th falls on a weekend or holiday provided, however, that the Prime Rate used to determine the APR for Purchases and for Cash Advances will never be less than **5.25%**. The periodic rate finance charge for Purchase Advances and Cash Advances will not exceed **25.00%** Annual Percentage Rate.

**Cardholder Agreement.** For additional information about the costs and terms of the Account, see Issuer's Cardholder Agreement, which will be sent with the Card. The Cardholder Agreement and the Account will be governed by Missouri and applicable federal law, but Issuer will rely on the provisions of Nebraska law with respect to the fees and charges (other than interest) that apply to your Account, as authorized by Missouri Revised Statutes Section 408.145. The Cardholder Agreement permits the Issuer to Change the terms of this Account, including the rates, fees and other credit terms, upon notice to the cardholder and subject to the provisions of applicable law.

**IMPORTANT:** The information about the costs of the cards described above is accurate as of February 1, 2019 the date this document was most recently revised. This information may have changed after that date. Please complete in full and send via fax to 816.860.3152 or email [bankcardcredit.commercial@umb.com](mailto:bankcardcredit.commercial@umb.com).

**APPLICATION FOR BUSINESS CREDIT CARD  
ADDENDUM FOR BUSINESS OWNERS / REQUEST TO ISSUE ADDITIONAL CARDS**

**Incomplete information may cause delays. Please complete in full. Fax to 816.843.2485 – Commercial Card Dept.**

**Notice:** In accordance with the USA PATRIOT Act, we ask for certain information about you for the purpose of verifying your identity. Please ask a Bank representative for details.

Legal Business Name	d/b/a Business Name (if applicable)	Federal Tax ID Number
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**You may proceed to Section 2 if no additional business owners exist.**

<b>PERSONAL GUARANTY</b>	<p>Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to UMB all indebtedness of the Company, identified above, at any time arising under or relating to any credit requested through this form, as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Company or other Guarantor, and (iii) the right to require UMB to proceed against the Company or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Company, or any changes in the Company's financial condition. Each Guarantor also authorizes UMB, without notice or prior consent, to (i) extend, modify, compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more Guarantors without proceeding against the Company or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay UMB's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty shall benefit UMB and its successors and assigns; and (iii) an electronic facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Missouri.</p>
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<b>SECTION 1. ADDITIONAL BUSINESS OWNERS</b>			
<b>Please provide the following information on all owners (20% or more) of the business. All business owners must sign this Application.</b> Please complete an <i>Addendum for Business Owners</i> form if more than 2 additional owners exist.			<input type="checkbox"/> Check here if an additional <i>Addendum</i> is attached.
Name:	Social Security No.:	Position:	
Address:	Date of Birth:	Owner Since:	
E-mail:	Total Personal Net worth: \$	Business Ownership: %	
Phone:	Annual Salary: \$	Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
		Monthly Pmt: \$ _____	
X			
Signature	Title	Date	
Name:	Social Security No.:	Position:	
Address:	Date of Birth:	Owner Since:	
E-mail:	Total Personal Net worth: \$	Business Ownership: %	
Phone:	Annual Salary: \$	Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
		Monthly Pmt: \$ _____	
X			
Signature	Title	Date	
*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.			

The federal government requires all financial institutions to provide the following notice to commercial applicants with gross revenues of one million dollars or less.

**NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

Each Owner/Officer of the Business signing below certifies that: (1) the information provided in this Application with respect to the Business (including any attachments) is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this application on behalf of Business; and (4) UMB is hereby authorized, from time to time at its discretion, to check the credit history of Business and the personal credit and employment history of each person signing this application, and to answer questions about Bank's credit experience with Business and each such person.

<b>SECTION 2. NAMES OF ADDITIONAL INDIVIDUALS TO BE ISSUED CARDS</b>				
<input type="checkbox"/> Check here if an additional <i>Addendum</i> is attached to request more individual cards to be issued.				
Name of Employee (Print Only)	Title	Used to verify Cardholder Identity		Individual Card Limit
		Last 4 Digits of SSN	Date of Birth	
				\$
				\$
				\$
				\$

**BANK REFERENCE**  
To be completed by principal bank (required for processing)

Date \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Contact: \_\_\_\_\_

**Credit Verification**

Bank Name \_\_\_\_\_ Bank contact \_\_\_\_\_

Confirmation of receipt of application email address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Email address \_\_\_\_\_

	Opening Date	Rating	Average Balance
Checking Acct			
Savings Acct			
CD/RA/MM Acct			
Other Account			

**LOANS**

Opening Date	High	Terms	Balance	Security	Rating



## Certification of Beneficial Owners for Legal Entity Clients

This form is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. 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 of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

**Please provide a copy of the driver's license (U.S. individuals only) or other identification document (passport or similar identification document in the case of a foreign individual) for each beneficial owner and for the authorized individual with significant management responsibility as identified in this form.**

### Legal Entity Information (If you are unable to complete this form electronically, please print legibly in blue or black ink.)

Entity Name		Entity's Federal Tax ID	
_____		_____	
Entity Street Address	City	State	ZIP code
_____	_____	_____	_____
Legal Name of Individual Establishing UMB Relationship	Title of Individual Establishing UMB Relationship		
_____	_____		

### Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Check this box if no individual owns 25% or more of the legal entity and that you will inform UMB if/when an individual assumes 25% or more ownership.

<b>Beneficial Owner 1</b>	Check this box if this owner is also the authorized individual with significant management responsibility.		
Individual Legal Name			
_____			
Street Address			
_____			
City	State	ZIP code	Country
_____	_____	_____	_____
Social Security Number	Date of Birth		
_____	_____		
Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date	
_____	_____	_____	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date	
_____	_____	_____	

<b>Beneficial Owner 2</b>	Check this box if this owner is also the authorized individual with significant management responsibility.		
Individual Legal Name			
_____			
Street Address			
_____			
City	State	ZIP code	Country
_____	_____	_____	_____
Social Security Number	Date of Birth		
_____	_____		
Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date	
_____	_____	_____	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date	
_____	_____	_____	

### Beneficial Owner 3

Check this box if this owner is also the authorized individual with significant management responsibility.

Individual Legal Name

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Street Address

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City	State	ZIP code	Country
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Social Security Number	Date of Birth
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Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date
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Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date
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### Beneficial Owner 4

Check this box if this owner is also the authorized individual with significant management responsibility.

Individual Legal Name

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Street Address

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City	State	ZIP code	Country
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Social Security Number	Date of Birth
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Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date
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Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date
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### Authorized Individual with Significant Management Responsibility

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.). **If this individual is noted as an owner above, only the name and title are required.**

Individual Legal Name

Position Title

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Street Address	City	State	ZIP code	Country
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Social Security Number	Date of Birth
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Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date
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Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date
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I, \_\_\_\_\_  
 hereby certify to the best of my knowledge that the information provided above is complete and correct.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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