

## Member FDIC | Equal Housing Lender Privacy Statement

## Business Deposit Account Application

First Name:	Last Name:				
Submitted on:					
Identification Procedures Re law requires all financial instimeans for you: When you opidentify you and your busines identification such as a drive Depending on the entity type EIN, Operating Agreement, Focurity Notice: You should ONLY fill out this latest version, download a collistructions:  1. Complete Application and	e, you will be required to supply business documter and the required to supply business document and the requirement, or other business documents application on-line if you are using a browser oppy now.  Click "Submit Application".  Q QUIT your browser and restart it again after upon the restart it again.	that identifies each person who open ess, date of birth, and other informaticentrolling parites will be required to senents, such as Secretary of State Filirments as needed.  with the latest security enhancements	as an account. What this con that will allow us to submit copies of ang, SS-4 Form Verifying s. If you don't have the		
To open an account with Peoples Bank, you must be a resident of the State of Missouri or a current customer of Peoples Bank. Before proceeding, please confirm your eligibility. (required)	I am a Missouri Resident or current Peop I am NOT a Missouri Resident or current				
Business Entity Information					
Business Name	Employee Identification Number (EIN)	Business Phone Number	Business Email		

	O DBA (Doing Busine O Sole Proprietorship					
	Corporation	iy Company)				
Business Type	Association Partnership Other:					
Nature of Business Examples: Restaurant, Construction, Real Estate, Lawyer, etc.						
	Address Line 1					
Business Mailing Address	Address Line 2 City	State	ZIP C	ode.		
	Oity					
	Address Line 1					
Business Physical Address	Address Line 2					
	City	City State ZIP				
	A	uthorized Signer #1 Inforr	nation			
First Name		Middle Initial		Last Name		
Date of Birt	h	Social Securi	ty No.	Gender		
Drivers License (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date		
Citizenship	US Citizen Resident Alien					
·	Non-Resident Alien Foreign Student					

Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address	
Address Information	Address Line 1  Address Line 2  City	State	ZIP C	ode	
Physical Address	Address Line 1  Address Line 2  City	State	ZIP C	ode	
Employer Information (required)		Employer Name		Occupation	
First Name		Authorized Signer #2 Inform  Middle Initial		Last Name	
Date of Birth	h	Social Securit	y No.	Gender	
Citizenship	US Citizen Resident Alien Non-Resident Alie Foreign Student	en			
Drivers License Information (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date	
Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address	
Mailing Address	Address Line 1  Address Line 2  City	State	ZIP C	ode	

	Address Line 1						
Physical Address	Address Line 2						
	City State		ZIP Code				
Employer Information (required)		Employ	er Name			Occup	ation
		Bene	eficial Owner	· Inforn	nation		
		Name	% of Owne	ership		same as above? Yes remaining Ben. Owr	s or No. If No, please ner Sections.
Beneficial Owner Information (required) Please list up to 4	Beneficial Owner #1						
individuals who directly or indirectly own 25% or more of the equity interest of the	Beneficial Owner #2						
legal entity. List 1 individual with significant responsibility for managing	Beneficial Owner #3						
the legal entity examples: CEO, President, CFO, etc.	Beneficial Owner #4						
	Controlling Party						
		Da	ite of Birth		Physical Addr	ess Social	Security Number
Beneficial Owner	Beneficial Owner#1						
Information (con't) (required) Only fill out if Beneficial	Beneficial Owner#2						
Information is different that owners	Beneficial Owner#3						
	Beneficial Owner#4						
		DL N	lumber	DL S	state of Issue	DL Issue Date	DL Expire Date
Beneficial Owner Driver's License Information	Beneficial Owner #1						
	Beneficial Owner #2						
(required)	Beneficial Owner #3						
	Beneficial Owner #4						

Click here for more information regarding our Business Deposit accounts					
Click here for more information regarding our Business Deposit accounts.  I/We would like to apply for the following account(s):					
Checking Accounts	Free Business Checking with Estatements  Business Performance Checking  Business Analysis Checking				
Savings & Money Market Accounts	<ul> <li>☐ Business Savings</li> <li>☐ Business Money Market Gold</li> <li>☐ Business Money Market Platinum</li> </ul>				
Certificate of Deposit	☐ 6 Month         ☐ 12 Month         ☐ 18 Month         ☐ 24 Month         ☐ 36 Month         ☐ 48 Month         ☐ 60 Month				
Account Services Please select required services	□ All Services   □ Debit Card   □ Online & Mobile Banking   □ Mobile Deposit (via app)   □ Peoples Business Bill Pay   □ E-Statements   □ Cash Management Services   □ Remote Deposit Capture Services   □ Sweep Services				
	Additional Information				
Please provide additional information/comments as needed					
	Driver's License Unload				

Drivers License Upload Please upload the FRONT of each DL for each signer and beneficial owner. If you have an address change on your DL, please upload a copy of the BACK as well.					
By submitting this application, I (each person jointly and severally) apply for the account(s) and services chosen above. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is accurate.					
(required)	I/We AGREE with the above statement				