

UBM Direct Savings - Business Account Application

(Application may be completed on your screen and Printed. * indicates required field)

<input type="text"/>		<input type="text"/>		
*Business Name		* Tax ID Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Business Address	*City	*State	*ZIP	* Business Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address (If different than above)	*City	*State	*ZIP	
*Account Ownership:		How did you hear about this account <input type="text"/>		
<input type="checkbox"/> Corporation				
<input type="checkbox"/> Partnership				
<input type="checkbox"/> Sole Proprietorship				
<input type="checkbox"/> Other _____				

Do you/will you act as an Internet Gambling Business?

- Yes
- No

Authorized Signers

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* First Name	MI	* Last Name	*Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Home Address	*City	*State	*ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Social Security Number	* Email	* Home Telephone	* Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Drivers License Number	* State of Issue	* Expiration Date	*Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* First Name	MI	* Last Name	*Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Home Address	*City	*State	*ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Social Security Number	* Email	* Home Telephone	* Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Drivers License Number	* State of Issue	* Expiration Date	*Signature

For additional signers, please include the required information on an attached sheet.

IRS W-9 Certification

I understand this account will be governed by the Terms and Conditions in the account disclosure. By submitting this application, I agree to be bound by those terms and conditions. I also understand that I can close this account at any time and will receive the account balance in full, along with any interest owed, less any incurred fees or service charges.

Under penalty of perjury, I certify that the number shown on this application is the correct taxpayer identification number for the business named above, I am a U.S. person authorized to make this certification and that

- The business named above is not subject to backup withholding because it is exempt from backup withholding, it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or the IRA has notified the business that it is no longer subject to backup withholding.
- The business named above is subject to backup withholding.

Signature of Authorized Individual _____ Date: _____

Title _____

Linked Account Information

For future online transfers from your UBM Direct Savings, you need a linked checking account. With this linked account, you will be able to make transfers to and from your UBM Direct Savings through Online Banking.

*Bank Name

*Bank Routing #

*Bank Account #

Initial Account Funding

How will you initially fund this account?

- Debit my Linked Checking Account once my application is approved for \$_____.
- I will mail a check (see address below)
- I will send a wire once my application is approved. Ultima Bank Minnesota will contact you with specific wiring instructions.

Automatic Savings Program

Complete below if you desire to set up automatic transfers from your linked checking account to your UBM Direct Savings account.

*Frequency

*Start Date (mm/dd/yyyy)

*Recurring Amount

Please print your completed application and mail it along with copies of the required documents listed below to Ultima Bank Minnesota, PO Box 299, Fosston, MN 56542 or fax to (218) 435-2266

Required Documents

(Not required for current Ultima Bank Minnesota business customers if we already have the documents on file)

Corporation

- Articles of Incorporation
- By-Laws
- Certificate of Incorporation & Certificate of Good Standing
- Corporate Resolution
- Proof of Tax ID number

Partnership

- Partnership Agreement
- Certificate of Partnership from your state's Secretary of State
- Proof of Tax ID number

Sole Proprietorship

- Certificate of Assumed Name from your state's Secretary of State
- Proof of Tax ID number

Limited Liability Corporation (LLC)

- Member Control Agreement
- By-Laws (if applicable)
- Certificate of Incorporation/Certificate of LLC & Certificate of Good Standing from your state's Secretary of State
- Corporation Resolution
- Proof of Tax ID number

Limited Liability Partnership

- Partnership Agreement
- Certificate of Partnership
- Proof of Tax ID number

Unincorporated Association

- Certificate of Authority
- Proof of Tax ID number



CERTIFICATE OF BENEFICIAL OWNERSHIP

II. CERTIFICATION OF BENEFICIAL OWNER(S)

ACCOUNT #: _____

PERSONS OPENING AN ACCOUNT ON BEHALF OF A LEGAL ENTITY MUST PROVIDE THE FOLLOWING INFORMATION:

A. NAME AND TITLE OF NATURAL PERSON OPENING ACCOUNT:

B. NAME AND ADDRESS OF LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED:

C. THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL, IF ANY, 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:

Name	Date of Birth	Address (Residential or Business Street Address) (No PO Boxes)	For U.S. Persons: Social Security Number	Driver's License Number, Passport Number (and Country of Issuance) or other similar identification number*	% Ownership

(IF NO INDIVIDUAL MEETS THIS DEFINITION, PLEASE WRITE "NOT APPLICABLE.")

D. THE FOLLOWING INFORMATION FOR ONE INDIVIDUAL WITH SIGNIFICANT RESPONSIBILITY FOR MANAGING THE LEGAL ENTITY LISTED ABOVE, SUCH AS:

AN EXECUTIVE OFFICER OR SENIOR MANAGER (E.G., CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, MANAGING MEMBER, GENERAL PARTNER, PRESIDENT, VICE PRESIDENT, TREASURER); OR

ANY OTHER INDIVIDUAL WHO REGULARLY PERFORMS SIMILAR FUNCTIONS.

(IF APPROPRIATE, AN INDIVIDUAL LISTED UNDER SECTION (C) ABOVE MAY ALSO BE LISTED IN THIS SECTION (D)).

NAME/TITLE	DATE OF BIRTH	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)	FOR U.S. PERSONS: SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER, PASSPORT NUMBER (AND COUNTRY OF ISSUANCE) OR OTHER SIMILAR IDENTIFICATION NUMBER*

I, _____ (NAME OF NATURAL PERSON OPENING ACCOUNT), HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND CORRECT.

(SIGNATURE)

(DATE)

*IN LIEU OF A PASSPORT NUMBER, FOREIGN PERSONS MAY ALSO PROVIDE AN ALIEN IDENTIFICATION CARD NUMBER, OR NUMBER OF COUNTRY OF ISSUANCE OF ANY OTHER GOVERNMENT-ISSUED DOCUMENT EVIDENCING NATIONALITY OR RESIDENCE AND BEARING A PHOTOGRAPH OR SIMILAR SAFEGUARD.

EMPLOYEE INITIALS _____