

### Sub Entity Addendum

Legal Name of Account Owning Entity _____				
Legal Name of Sub Entity _____				Ownership % _____
<b>Organizational Structure</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <b>Organization TIN or EIN</b> _____				
<input type="checkbox"/> Corporation	State where Incorporated _____		Date _____	
<input type="checkbox"/> Limited Liability Company	State where Incorporated _____		Date _____	
<input type="checkbox"/> Limited Partnership	State Where Filed _____		Date _____	
<input type="checkbox"/> General Partnership	Written Agreement?	Y or N	Date _____	
<input type="checkbox"/> Trust	Written Agreement?	Y or N	Date _____	
<b>Telephone # of Organization</b> _____ <b>Email Address</b> _____				
<b>Physical Address of Organization (Must be a Street address, no P.O. Boxes)</b> _____				
City _____		State _____	Zip Code _____	
Mailing Address if different _____				
Purpose of Organization; Description of Products/Services Offered; Clientele/Geographic Areas Served _____				
Does this organization provide financial services? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is this organization involved in gambling of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer to either of the above is yes, please explain on the line above or on the back of this form.				
<b>Individuals who are Members/Partners/Shareholders/Trustees of the sub entity</b>				
<b>A copy of an unexpired, government issued, photo ID (a Driver's License) is required.</b>				
<b>1)</b>				
Legal Name	Title	Date of Birth	Social Security Number	% Ownership
Street Address		City	State	Zip Code
Driver's License Number	DL Expiration Date	Email Address	Personal Phone Number	
Occupation/Business/Employer			Work Phone Number	
<b>2)</b>				
Legal Name	Title	Date of Birth	Social Security Number	% Ownership
Street Address		City	State	Zip Code
Driver's License Number	DL Expiration Date	Email Address	Personal Phone Number	
Occupation/Business/Employer			Work Phone Number	
<b>3)</b>				
Legal Name	Title	Date of Birth	Social Security Number	% Ownership
Street Address		City	State	Zip Code
Driver's License Number	DL Expiration Date	Email Address	Personal Phone Number	
Occupation/Business/Employer			Work Phone Number	
I certify that all of the above provided information is true and accurate.				
Print Name	Signature			Date
<b>Financial Institution Use Only</b>				
Verification Articles: <input type="checkbox"/> SOS <input type="checkbox"/> CORP <input type="checkbox"/> TA <input type="checkbox"/> PA <input type="checkbox"/> TR <input type="checkbox"/> FS <input type="checkbox"/> CR <input type="checkbox"/> CR RiskID <input type="checkbox"/> Ver1 <input type="checkbox"/> Ver2 <input type="checkbox"/> Qualifile <input type="checkbox"/> Other - _____ <input type="checkbox"/> OFAC				
Discrepancies? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, check ( <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> TIN <input type="checkbox"/> Other), explain with documentation...   Risk Rating - <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				