

Welcome to Bank & Trust Company

Thank you for choosing Bank & Trust Company for your financial needs.

We're dedicated to offering personalized service and helping you achieve your financial goals, whether you're applying for a loan, opening a personal or business account, or exploring our many services.

How to Submit Your Application

Once you've printed and completed your application, simply bring it to one of our convenient branch locations.

- For loan applications, one of our experienced Loan Officers will review your submission and guide you through the next steps.
- For business or personal account applications, a New Account Representative will reach out to you to finalize your account setup.

Our Branch Locations

Visit us at any of our branches listed below:

- Litchfield..... 401 N Madison | Litchfield, IL 62056
- Carlinville.....900 W Main | Carlinville, IL 62626
- Chatham.....10 Plummer Blvd | Chatham, IL 62629
- Coffeen..... 200 W Main | Coffeen, IL 62017
- Farmersville..... 208 S Cleveland | Farmersville, IL 62032
- Fillmore.....107 S Main | Fillmore, IL 62032
- Irving.....103 S Pine | Irving, IL 62051
- Money Centre.....1201 W Union | Litchfield, IL 62056
- Raymond.....404 S O'Bannon | Raymond, IL 62560
- Rochester.....196 S Walnut | Rochester, IL 62563
- Witt.....1 W Broadway | Witt, IL 62094

What's Next?

Our team is here to make the process smooth and straightforward.

Whether you're starting a new chapter or expanding your financial possibilities, we're committed to providing a banking experience that's different—and better.

If you have any questions or need assistance, don't hesitate to contact us at 800.930.3935 or visit www.banktr.com.

We look forward to serving you!

Bank Different. Bank Better.

-BUSINESS DEPOSIT ACCOUNT APPLICATION-

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person and entity who opens an account. What this means for you: when you open an account, we will ask for your name, physical address, date of birth, taxpayer ID number and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.



Bank & Trust Company

www.banktr.com

800.930.3935

ABOUT YOUR BUSINESS

Business Account Name _____ Date Established _____

Doing Business As _____

Current Customer? Yes No If yes, please provide account number(s) if available _____

Tax/Employer Identification Number (or Social Security Number if none) _____

Street Address _____ Phone # _____

Mailing Address (if different) _____ Fax # _____

Business Web Address _____ Business Email _____

Type of Business Organization

- Organization-Unincorporated Non-Business Association of Individuals
- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Limited Liability Company
- IOLTA
- Corporation - Describe: For Profit Not for Profit

Briefly describe the nature of the business _____

Goods & Services provided _____

REQUIRED DOCUMENTS

The following documentation must be provided in order to open an account, and may vary based on the structure of the business. Any incomplete or missing documentation will cause a delay in opening your account.

One of the following documents based on your business type:

- Articles of Incorporation with a Certificate of Incorporation
- Articles of Organization with a Certificate of Organization
- Partnership Agreement
- Documentation verifying your Tax ID or EIN Number

Additional documentation based on your business type:

- Certificate of Good Standing or Secretary of State documentation
- Certificate of Assumed Name
- Corporate Bylaws or LLC Operating Agreement

ACCOUNT PURPOSE & ACTIVITY PROFILE

Account Purpose:: Operating Payroll Escrow Other _____

Where does the business operate? Local

Multi-state List states: _____

National List region: _____

International List countries: _____

Opening Deposit _____ Source of Deposit _____ Transferred From _____ Check if source is Public Funds

Will your business maintain deposit accounts at other financial institutions? Yes No

Which financial institutions? _____

Does/Will any of your business be directly or indirectly related to selling or using marijuana/hemp? Yes No

Do you provide services to companies who provide internet gambling? Yes No

I hereby certify that my business does not engage in unlawful internet gambling. Initial: _____

All information provided in this section should be based on anticipated monthly activity.

Anticipated Total Deposits per month: Amount \$ _____ # of Transactions _____

Cash Deposits	Cash Withdrawals	ACH Credits	ACH Debits	Checks Written Off This Acct
---------------	------------------	-------------	------------	------------------------------

Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____
-----------------	-----------------	-----------------	-----------------	-----------------

# of Transactions _____	# of Transactions _____	# of Transactions _____	# of Transactions _____	# of Checks/Mo. _____
-------------------------	-------------------------	-------------------------	-------------------------	-----------------------

Domestic Wires

International Wires

Incoming

Outgoing

Incoming

Outgoing

Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____
-----------------	-----------------	-----------------	-----------------

# of Transactions _____	# of Transactions _____	# of Transactions _____	# of Transactions _____
-------------------------	-------------------------	-------------------------	-------------------------

Anticipated countries receiving/sending wires: _____

Business Owner Information (Beneficial Ownership/Control Prong)

Please list any owners with at least 25% portion of ownership. Also list persons authorized to transact business on this account. By providing an email address, you authorize us to contact you via email with bank-related communications. You are also authorizing the Bank to check your credit history.

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

For additional owners, principles, and signers, please use the separate sheet provided. *Needed additional owners/signers page*

Please identify the individual with *significant responsibility* (control prong) for management of this legal entity:
Name of Control Prong _____

Is any signer, owner, or an immediate family member a senior official in a foreign government? Yes No
If yes, account opening approval will need to be obtained.

The business entity listed below hereby applies for one or more Bank & Trust Company VISA® business check card(s) to be issued for the account(s) to the Cardholder(s) listed below. Each Cardholder will be deemed to be an authorized signer with respect to the account(s) for purposes of using the Card issued to him/her.

Business Name To Print On Card: Only the following symbols can be used within the business name: period, dash, and forward slash

Grid for Business Name characters

Cardholder #1 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____

Cardholder #2 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____

Cardholder #3 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____

Cardholder #4 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____

Please fill out the following section if the business will have an ATM/Cash Dispenser, or Gaming Machine on premises. N/A

ATM/Cash Dispenser: No Yes If Yes, service provider is: Self (continue below) Other: _____

Location One Address: _____ City: _____ State: _____ Zip: _____

Location Two Address: _____ City: _____ State: _____ Zip: _____

Monthly \$ amount of withdrawals: _____ Monthly # of withdrawals: _____

Source of funds for filling ATM/Cash Dispenser: From daily sales Withdrawals from Bank & Trust Co. (fee: \$1 per \$1,000)

Each ATM/Cash Dispenser must maintain a separate deposit account for the purposes of ATM/Cash Dispenser activity only. Deposits will be ACH Credits from ATM/Cash Dispenser Processor and cash withdrawals will be in ATM/Cash Dispenser denominations only.

BANK USE ONLY: ATM/Cash Dispenser Acct # _____ (Location One) Acct # _____ (Location Two)

Gaming Machine: No Yes If Yes, service provider is: Self (continue below) Other: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Location Address: _____ City: _____ State: _____ Zip: _____

PLEASE INITIAL _____ I authorize Bank & Trust Company to verify any information in this application. I authorize Bank & Trust Company to request a credit bureau report in my name and all other owners.

Please fill out the following section if the business is a Non-Bank Financial Institution (NBFI) N/A

Types of Non-Bank Financial Institutions include: insurance firms, venture capitalists, currency exchanges, micro-loan organizations, & pawn shops. Account opening approval will need to be obtained before opening an account.

Office location Address: _____ City: _____ State: _____ Zip: _____

Type of Market Area: _____

Types of products _____ Types of services _____

Purpose of Account _____ Anticipated Account Activity _____

PLEASE INITIAL _____ I authorize Bank & Trust Company to verify any information in this application. I authorize Bank & Trust Company to request a credit bureau report in my name and all other owners.

BANK USE ONLY: If business is an NBFI, a copy of this form must be sent to the BSA Officer.

Money Service Business Activity Determination Form to verify MSB status requirements.

If 'yes' to any of the questions below, approval will need to be obtained prior to opening the account. Please complete the Money Services Checklist form (page 5) in its entirety and return it along with the application and all the required documentation to your Bank & Trust Company New Account Representative for submission to the approval process for review and consideration of account opening.

IS THIS BUSINESS involved in any of the following:

- 1. Money Transfers including virtual currency, in any amount? Yes No
2. Does your business(es) offer any of the following services for any person on any day in one or more transactions:
a. Issue, Sell or Redeem Travelers Checks, Money Orders, or Store Value Cards greater than \$1,000? Yes No
b. Currency Dealer or Currency Exchanger greater than \$1,000? Yes No
c. Check cashing greater than \$1,000? Yes No

Is your business interested in Online/Mobile Banking? Yes No Bill Pay (per month fee) Yes No
 If yes, is your business interested in any of our Cash Management Features? Yes No
 Cash Management Features include: ACH Origination, Remote Deposit Capture, and Positive Pay If 'yes,' fill out [Page 6](#)

OVERDRAFT SOLUTION

We offer the following Overdraft Solutions:

Automatic Transfer Service

Allows you to setup an automatic transfer to your overdrawn checking account from another checking, savings or line of credit (available to those who qualify) that you have at Bank & Trust Company. If your transfer account does not have enough money to cover the overdraft it will go to your next listed transfer from account to cover any unexpected mishaps.
Fees No fee unless you use the service or if your account is overdrawn \$10.00 or less. Each day a transfer is made your account will be charged an \$8.00 transfer fee. See the ATS Preauthorized Agreement for more detailed information.

 **CSR: Please discuss the following options with the customer.**

Overdraft Privilege

We will pay overdrafts of up to \$1500. Overdraft Privilege pays your checks, ACH items, automatic bill payments, and ATM and debit card transactions.
Fees No fee unless you use the service or if your account is overdrawn \$10.00 or less. A \$35 per item charge for each item whether the item is paid or returned with a maximum of \$245 per day.
 This is available to those who qualify. Ask your New Acct Representative for more detailed information.


You may also decline any overdraft service.

SIGNATURE AND CERTIFICATION

I agree to the terms stated on this application. Further, Depositor authorizes Bank & Trust Company to obtain Depositor's creditor information, such as Depositor credit report at the Bank's choosing. By signing this deposit account application the undersigned acknowledges receipt of a copy of Bank & Trust Company's Funds Availability Policy and Electronic Funds Disclosure.

Certification: I certify under penalties of perjury that the statements contained in this application are correct and the Social Security Number or Taxpayer Identification Number shown is my correct Taxpayer Identification Number. I am not subject to backup withholdings as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. If this application is approved, the account will be subject to Bank & Trust Company's "Disclosures and Fees Schedule" Brochure.

Are you a U.S. Citizen or U.S. Resident Alien? Yes No. If no, you must complete IRS Form W-8 BEN.

 Customer Signature _____ Date _____

THE SECTION BELOW IS FOR BANK USE ONLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Business Basic # _____ | <input type="checkbox"/> Digital/E-statements | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Business Small # _____ | <input type="checkbox"/> Combined Statements | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Business Commercial # _____ | <input type="checkbox"/> Checks printed/ordered | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Business Money Market # _____ | Overdraft Solutions: | |
| <input type="checkbox"/> Business Savings # _____ | <input type="checkbox"/> ATS <input type="checkbox"/> AOD <input type="checkbox"/> Decline | <input type="checkbox"/> Multiple statement receivers |
- CSR: Remember to ask the customer about the products listed above, if applicable.*

COMMENTS/ADDITIONAL INFO:

Watchdog/Real-Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Adverse Action Required <input type="checkbox"/>	F/M Address 1098 Box 8 <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

COMPLETED BY: _____ DATE: _____ CHECKED/VERIFIED BY: _____

Money Service Business Checklist

Filling out this page is only necessary if you answered 'yes' to any questions on the Money Service Business Info section on page 3.

Account opening approval will need to be obtained before opening an account.

Please complete this checklist form in its entirety and return it along with the application and all the required documentation to your Bank & Trust Company New Account Representative for submission to the approval process for review and consideration of account opening.

Business Account Name _____

Please Provide Documentation Required for Review:

- A full copy of the License(s)/Registration from the state you have registered your MSB. (Illinois does require MSBs to register)
- A full copy of the Registration of Money Services Business Form with the Financial Crimes Enforcement Network (FinCEN)
- A full copy of your procedures that show compliance with the Bank Secrecy Act (BSA) requirements, including record retention.
- A full copy of your procedures that show compliance with the Office of Foreign Assets Control (OFAC) requirements.

The name of the company or system used for OFAC Verification of the 'Pay to the Order' and 'Remitter':

- A full copy of your procedures that show you have sufficient controls to monitor for suspicious activity, including patterns of activity.

Please answer the following questions:

What markets does the business serve? (check all that apply)

- Local Market State wide International, please list countries _____

Will your business initiate or receive wires on behalf of your clients? Yes No

If yes, will any of these wires be international? List countries _____

What is the percentage of business derived from MSB activities? _____%

Please list each vendor that provides MSB Services under agreement with your business.

Please be advised that if our financial institution decides to establish a relationship with your business, and in the event our financial institution determines your MSB presents a higher level of risk, we will require additional enhanced due diligence measures, including, but not limited to, random audits and on-site visit(s).

I affirm that the foregoing statements are true and correct and that I am an authorized representative of the above-named business entity and that I have full and complete authority to complete this questionnaire on behalf of said business entity.

Signature _____ Date _____

Printed Name _____

CSR: _____ **Please check off the required documents listed above when received.**

- | | |
|---|--|
| <input type="checkbox"/> License/Registration form | <input type="checkbox"/> OFAC Procedures |
| <input type="checkbox"/> Registration of MSB Form, FinCEN | <input type="checkbox"/> Suspicious Activity Monitoring Procedures |
| <input type="checkbox"/> BSA Procedures | <input type="checkbox"/> All fields above are filled completely |

After scanning, submit all forms to the BSA assistant.

Cash Management Application

Filling out this page is only necessary if you would like Cash Management services. (Online Services section, page 3.)

Company Information

Company Name _____
 Address _____
 City _____ State _____ Zip _____
 TIN/SSN _____ Phone _____
 Primary Contact for Account _____
 Email Address _____
 Type of Business _____ No. of Years _____

Administrator Information

(The Administrator will have administrative rights to all functions and must be an authorized signer on the account(s))

Administrator's Name _____ TIN/SSN _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email Address _____
 Primary Contact for Account _____

Account Information

Please check one: Include all company accounts or include only the following accounts:

_____ # _____ # _____ # _____ # _____

Cash Management Features

Enable Positive Pay: No Yes *No Monthly Fee*
 Enable ACH Origination: No Yes *Monthly Fee Applies*
 Enable Remote Deposit Capture: No Yes *Monthly Fee Applies*
Payment Account Deposit account to debit for fees: # _____

Positive Pay

of Checks per dep: _____
 Max. dollar amt/file \$ _____
 Daily limit \$ _____
 Remote Deposit Acct.# _____

ACH Origination

Please check one:
 Payroll Corporate Pmts Direct Debit
 # of Transactions per file: _____
 Max. dollar amt per file: \$ _____
 Single item limit: \$ _____
 Acct.# for ACH Origination _____

Remote Deposit Capture

of Checks per dep: _____
 Max. dollar amt/file \$ _____
 Daily amount limit \$ _____
 Remote Deposit Acct.# _____

I authorize Bank & Trust Company to verify any information in this application and activate accounts listed above for Internet Banking Cash Management access. I authorize Bank & Trust Company to activate the features listed above. I understand that I will serve as the Cash Management Administrator and I am responsible for administering the sub-users of this cash management and will be given access to create and to specify their

Business Owner Information (Beneficial Ownership/Control Prong)

This page is a continuation from page 3 as needed

Please list any owners with at least 25% portion of ownership. Also list persons authorized to transact business on this account. By providing an email address, you authorize us to contact you via email with bank-related communications. You are also authorizing the Bank to check your credit history.

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____ Receive Statement <input type="checkbox"/>	Percent of Ownership _____
Employer _____ Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____ Favorite Hobby _____ Mother's Birth Month _____	Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>

The business entity listed on Page One of this application hereby applies for one or more Bank & Trust Company VISA® business check card(s) to be issued for the account (s) to the Cardholder(s) listed below. Each Cardholder will be deemed to be an authorized signer with respect to the account(s) for purposes of using the Card issued to him/her. If approved, issuance of the Card(s) will be subject to the limits and other conditions and restrictions established from time to time by the Bank, which will be provided to Applicant. Applicant will indemnify the Bank and hold it harmless from any and all claims resulting out of the issuance or usage of any Card(s) issued on the above account. The Bank, in its sole discretion, reserves the right to issue, revoke, and/or limit the use of any Card(s) at any time.

Cardholder #5 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____

Cardholder #6 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____

Cardholder #7 Name _____ Mail Card to Cardholder Address or Business Address

BANK USE ONLY: Card Number _____