



**STATETRUST**  
*International Bank & Trust LLC*

Corporate Office Park, Assertus Building,  
Suite 107, Carr. 2 Km. 2.2  
Guaynabo, Puerto Rico 00966  
(787) 273-7373  
www.statetrustbank.eu

## Corporate Customer Application

### Corporate Customer Application Sections

- ☐ I. Account & Relationship Type
- ☐ II. Corporate Information
- ☐ III. References
- ☐ IV. Board of Directors Information
- ☐ V. Background Information
- ☐ VI. Additional Information for Corporate Accounts
- ☐ VII. Financial Information
- ☐ VIII. Portfolio Expected Activity
- ☐ IX. Account Funding Information
- ☐ X. Account Reporting & Communications
- ☐ XI. Internet Banking
- ☐ XII. Banking Services
- ☐ XIII. Banking Objectives
- ☐ XIV. Banking Signature Registry
- ☐ XV. Security Procedures
- ☐ XVI. Certifications
- ☐ XVII. Agreement/Signature

### Required Documents

- ☐ Copy of Tax ID
- ☐ Corporate Resolutions
- ☐ Copy of Articles and Memorandum of Association
- ☐ Copy of Certificate of Incorporation and By-Laws
- ☐ Copy of Certificate of Good Standing / Renewal Receipt Copy
- ☐ of signed Form STIBT 0020 Anti-Money Laundering Notice
- ☐ Board of Director's Resolution to Open Account and give authority to signatories on the account
- ☐ Financial Statements (Last 3 years)
- ☐ Bank Reference (Last 3 monthly statements)
- ☐ Reference #1
- ☐ Reference #2
- ☐ Form W-8BEN
- ☐ Delivery of Universal Banking Agreement to Client
- ☐ Other

*Please Mark (If applicable)*

- ☐ Agent of StateTrust? (If applicable)
- ☐ Related to StateTrust staff? (If applicable)
- Have you verified if the customer is a permanent resident or citizen of the USA or a Resident of Puerto Rico?

---

---



## Corporate Customer Application

Customer Name:	(“Corporation”)	Customer Number:
----------------	-----------------	------------------

### I. Account & Relationship Type

Account Type	<input type="checkbox"/> <b>Corporate</b> (*Additional information is required to open this type of account)
Relationship Type	<input type="checkbox"/> <b>International</b> <input type="checkbox"/> <b>Premier</b> <input type="checkbox"/> <b>Elite</b>

### II. Corporate Information

Name	Legal			
	Known as		Short Name	
Corporate Address (Physical Address)	Street			
	City	State	Zip	Country
Phones	Main PBX		Other Phones	
	Main Fax			
	Other Fax			
E-Mail (for Correspondence)				
Web URL				
Incorporation	Place		Date Business Started (MM/DD/YYYY)	
	Legal Type		Years in Business	
Corporate Tax ID	ID No.	Type <input type="checkbox"/> TIN/NIT <input type="checkbox"/> RUC <input type="checkbox"/> RIF <input type="checkbox"/> RUT <input type="checkbox"/> Other: _____		
	Country of Issue	Issue Date (MM/DD/YYYY)		Expiration Date (MM/DD/YYYY, if applicable)
Business Sector Information	Describe Business Activity			
	Industry			
Documents Included	Corporate Resolution and/or By-Laws Copy of Certificate/Articles of Incorporation		Copy of Certificate of Good Standing / Renewal Receipt Board of Director's Resolution to Open Account	
	<input type="checkbox"/> Other: _____			
Notes	General Notes			



## Corporate Customer Application

Customer Name:	("Corporation")	Customer Number:
----------------	-----------------	------------------

### III. References

Bank Reference (For the Company)	Bank Name			
	Contact	Title	City, Country	Telephone
Reference # 1	Company Name			
	Contact	Title	City, Country	Telephone
Reference #2	Company Name			
	Contact	Title	City, Country	Telephone

### IV. Board of Directors Information

Directors Information	#	Name	Corporate Title
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	* Please provide personal information details for each Director listed above and NOT detailed as shareholder.		
	1	Name	DOB
		ID Type	ID Number
	2	Name	DOB
		ID Type	ID Number
	3	Name	DOB
		ID Type	ID Number
	4	Name	DOB
		ID Type	ID Number
	5	Name	DOB
ID Type		ID Number	
6	Name	DOB	
	ID Type	ID Number	
7	Name	DOB	
	ID Type	ID Number	
8	Name	DOB	
	ID Type	ID Number	
9	Name	DOB	
	ID Type	ID Number	



## Corporate Customer Application

Customer Name:	(“Corporation”)	Customer Number:
----------------	-----------------	------------------

### V. Background Information (Participants & Authorized Signers)

Shareholder Information	#	Name/Description	Number of Shares*	% Ownership	Beneficial Owner *
(List all shareholders owning 10% or more company stock)	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
* A Beneficial Owner Is the real owner of the funds even if the legal title is in another person's name (that is, the ultimate owner of the funds)					
Notes					



## Corporate Customer Application

Customer Name:	("Corporation")	Customer Number:
----------------	-----------------	------------------

### VI. Additional Information for Corporate Accounts

- Please complete this information for each person listed on previous Section V (Background Information) and also all the persons signing in Section XIV (Signatory Page).

Please complete One page per person. Make additional copies as necessary.

Full Name <sup>2</sup>				Mailing Address			
Date of Birth	Month:		Day:		Year:		
Passport	Number		Issued By		Exp. Date (MDY)		
Citizenship	Country of Birth:		City of Birth:		Country of Citizenship:		
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. or Puerto Rico Resident <input type="checkbox"/> U.S. Permanent Resident Alien(green card) <input type="checkbox"/> Non-U.S./Country of Citizenship:		Other Countries of Citizenship:				
Profession				Marital Status			Number of Dependents
Spouse*	Spouse Name:			Spouse's Passport Number:			
	Spouse Maiden Name:			Spouse's Citizenship:		Spouse's Other Country Citizenship:	
	DOB(MDY)	Country of Birth	City of Birth				
Net Worth (\$)¹				Liquid Net Worth(\$)		Cash, Cash-Equivalent and marketable securities only	
Personal Telephones/eMail	Home Cellular			Email			
Employment Type	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other: If self-employed provide tax ID number:				Years of Work: Annual Income:		
Previous Employer	Name:			Title:			
	City:			Country:			
	Start Date:			Years of Work:			
Previous Employer Telephone	Office:			Fax:			
References	Bank Name:		Attn:		Phone:		
	Commercial Name:		Attn:		Phone:		
Is this Person a Politically Exposed Person (PEP)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:						
Any Additional Information about this Person? <small>(Use this space to expand any information about the person relevant to this section)</small>							

#### Notes:

- Only applies to shareholders, beneficial owners or authorized signers.
- Names must be consistent with legal documentation.



## Corporate Customer Application

Customer Name:	_____ ("Corporation")	Customer Number:	_____
<b>VII. Financial Information</b>			
Date of Information (M/Y)	____/____/20____	____/____/20____	____/____/20____
Assets (\$)			
Liabilities (\$)			
Shareholder 's Equity (\$)			
Annual Income (\$)			
Annual Expenses (\$)			
Net Income (\$)			
Other Information	<p>Financial Statements Included:</p> <p><input type="checkbox"/> Balance Sheet Included    <input type="checkbox"/> Income Statement Included    <input type="checkbox"/> Cash Flow Statement Included</p> <p><input type="checkbox"/> Other: _____</p> <p>Audited Statements?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No; If Audited, please provide the Auditor's Name: _____</p>		
Notes			

<b>VIII. Portfolio Expected Activity</b>						
Describe proposed account usage						
Expected Monthly Average Balance	<input type="checkbox"/> 0 to 25,000 <input type="checkbox"/> 25,001 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> 100,000 +					
Estimated Average Activity  <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	Activity		\$		€	
			Number	Amount	Number	Amount
	Inbound	Incoming Wires Transfers				
		Check Deposits				
		Other Credits/Deposits				
	Outbound	Outgoing Wire Transfers				
		Bank/Official Checks				
		Debit Card Transactions				
		Other Debits				
	Internal	Own Account Portfolios				
Third Parties (Accounts/Portfolio)						

<b>IX. Account Funding Information</b>			
Method	<input type="checkbox"/> By Check (Please make check payable to yourself, endorse it and write on the back "For Deposit Only".) <input type="checkbox"/> By Wire Transfer		
Bank Name			
Expected Funding Amount	<input type="checkbox"/> USD Amount: _____	<input type="checkbox"/> Euros Amount: _____	<input type="checkbox"/> Other Amount: _____



## Corporate Customer Application

Customer Name:	("Corporation")	Customer Number:
----------------	-----------------	------------------

### X. Account Reporting & Communications

Correspondence	<input type="checkbox"/> Electronic format only (E-Mail) <input type="checkbox"/> Send correspondence by regular mail only		
Correspondence Mailing Address	Use	Street	
	<input type="checkbox"/> Work		
	<input type="checkbox"/> Other:	City	State
		Country	Zip
Language	<input type="checkbox"/> English / Inglés <input type="checkbox"/> Spanish / Español		
Preferred Mode of Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Personal Visit <input type="checkbox"/> Special Instructions: .....		

### XI. Internet Banking

Corporate Internet Banking Services	To request Corporate Internet Services, <b>Form STIBT 2039C must be completed</b>
User ID's and Password	Bank will send new Main User ID and temporary Password to the Main Account E-Mail address or to the designated Corporate Internet Banking Administrator.

### XII. Banking Services

Portfolio	Currency:	Nickname*	Type (Bank use only):	
	<input type="checkbox"/> USD	.....	.....	
	<input type="checkbox"/> Euros	.....	.....	
Money Market Account	<input checked="" type="checkbox"/> <b>US Dollar Account</b> (required)		Nickname:	
	<input checked="" type="checkbox"/> <b>Euro Account</b> (required)		Nickname:	
	Other Money Market Currencies: <input type="checkbox"/> Euros			
	<b>Requirement</b> - StateTrust International Bank & Trust, LLC., requires both a US Dollar and Euro Money Market accounts. In addition to the required US Dollar & Euro Cash accounts, the Customer can optionally define other currencies for its Money Market Accounts.			
Other STIBT Banking Services of Interest	<input type="checkbox"/> <b>WorldPass</b> Portfolios	<input type="checkbox"/> Foreign Exchange	<input type="checkbox"/> Overdrafts	<input type="checkbox"/> Investment
	<input type="checkbox"/> Euro Money Market	<input type="checkbox"/> Bill Payments	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Portfolio Management
	<input type="checkbox"/> Sweep Account	<input type="checkbox"/> Loans	<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Trust Services
	<input type="checkbox"/> Time Deposits	<input type="checkbox"/> Letters of Credit	<input type="checkbox"/> Debit Cards	<input type="checkbox"/> Retirement Planning Services
	<input type="checkbox"/> Indexed CDs	<input type="checkbox"/> Collections	<input type="checkbox"/> E-Cards & Prepaid	<input type="checkbox"/> Family Foundations

### XIII. Banking Objectives

Risk Profile	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive <b>If low profile chosen, no currency transfers shall be allowed on the internet.</b>				
Investment Horizon	<input type="checkbox"/> Short-Term <input type="checkbox"/> Medium-Term <input type="checkbox"/> Long-Term				
Investment Objective	<input type="checkbox"/> Create recurring income <input type="checkbox"/> Capital Protection <input type="checkbox"/> Wealth Creation <input type="checkbox"/> Other				
Investment Experience	<input type="checkbox"/> CD/TD <input type="checkbox"/> Bonds <input type="checkbox"/> Stocks <input type="checkbox"/> Commodities <input type="checkbox"/> Options <input type="checkbox"/> Hedging				
Years of Investment Experience	<input type="checkbox"/> 1 to 5 Yrs <input type="checkbox"/> 5 to 10 Yrs <input type="checkbox"/> 10 to 15 yrs <input type="checkbox"/> 15 to 20 yrs <input type="checkbox"/> More than 20 yrs				



**STATE TRUST**  
International Bank & Trust LLC

## Corporate Customer Application

Customer Name:	("Corporation")	Customer Number:
----------------	-----------------	------------------

### XIV. Banking Signature Registry (Authorized Persons) and Corporate Resolution Certification

<b>Signature Types</b>	<input type="checkbox"/> <b>A</b> Type "A" signers <u>one</u> signature required <input type="checkbox"/> <b>B</b> Type "B" signers <u>two</u> signatures required		Unless special instructions are specified in writing, full equal Internet access will be granted to all Signers.										
<i>For security reasons, please cross out all empty signature boxes and mark the A/B type signature boxes.</i>													
<b>Signer 1</b>	Signature	<input type="checkbox"/> A <input type="checkbox"/> B	<b>Signer 4</b>	Signature	<input type="checkbox"/> A <input type="checkbox"/> B								
	Print Full Name: Title: Date:			Print Full Name: Title: Date:									
<b>Signer 2</b>	Signature	<input type="checkbox"/> A <input type="checkbox"/> B	<b>Signer 5</b>	Signature	<input type="checkbox"/> A <input type="checkbox"/> B								
	Print Full Name: Title: Date:			Print Full Name: Title: Date:									
<b>Signer 3</b>	Signature	<input type="checkbox"/> A <input type="checkbox"/> B	<b>Signer 6</b>	Signature	<input type="checkbox"/> A <input type="checkbox"/> B								
	Print Full Name: Title: Date:			Print Full Name: Title: Date:									
<b>Special Conditions</b> (subject to bank approval)	Type "A" Signatures		Type "B" Signatures										
	Special Instructions Attached: <input type="checkbox"/>												
<b>Corporate Resolution Certification</b>	<p>By signing this Banking Signature Registry and Corporate Resolution Certification, we certify that the following reflects the contents of a resolution duly adopted by the Board of Directors of the Corporation and not subsequently rescinded or modified where it was authorized that Portfolio(s)/Account(s) be opened at StateTrust International Bank &amp; Trust, LLC. ("STIBT"), and authorize STIBT to accept instructions from any of the above signatories to open/close portfolios, accounts, make fund movements, wire transfer requests and investments, apply for credit, and request other services, without our further original signature and as described in more detailed on Section 12 or its equivalents as it may change from time to time of the Universal Banking Agreement (General Terms and Conditions). We acknowledge receipt of the Universal Banking Agreement (General Terms and Conditions) and accept all terms and conditions as set forth therein. We agree to follow STIBT security procedures, to provide our signature upon request, and any other clauses defined in the Universal Banking Agreement (General Terms and Conditions). STIBT may at any time refuse to accept such instructions. We authorize STIBT to record if deemed necessary our telephone conversations as evidence of our instructions and for service quality purposes.</p> <table><tr><td>By: _____</td><td>By: _____</td></tr><tr><td>Full Name: _____</td><td>Full Name: _____</td></tr><tr><td>Title: _____</td><td>Title: _____</td></tr><tr><td>Date: _____</td><td>Date: _____</td></tr></table>					By: _____	By: _____	Full Name: _____	Full Name: _____	Title: _____	Title: _____	Date: _____	Date: _____
By: _____	By: _____												
Full Name: _____	Full Name: _____												
Title: _____	Title: _____												
Date: _____	Date: _____												





## Corporate Customer Application

Customer Name:	("Corporation")	Customer Number:
----------------	-----------------	------------------

### XV. Security Procedures

<b>Disclosure</b>	When the Customer transmits a payment instruction to the Bank by means of Electronic Banking, E-Mail, Fax or letter, and that transfer exceeds the <b>Minimum Security Amount Level</b> , as defined from time-to-time by the Bank, the Bank proceeds to call-back one or more Authorized Persons, at the discretion of the Bank to confirm and authenticate the payment instructions received by the Bank.  Please note that payment instructions may not be executed until the Security Procedure is completed in a satisfactory manner to the Bank.  <b>Minimum Security Amount Level: USD 0.00 (All transactions may be subject to the Call-Back verification procedure)</b>			
<b>Selection of Security Feature</b>	<input type="checkbox"/> CAD Mobile <input type="checkbox"/> CAD Physical	Name:  Name:  Name:  Name:	Mobile No.:  Mobile No.:  Mobile No.:  Mobile No.:	Model No.:  Model No.:  Model No.:  Model No.:

### XVI. Certifications

Is/Are Account Signer(s) or participants United States Person (s) ?	<input type="checkbox"/> Not a U.S. or P.R. person <input type="checkbox"/> Yes a U.S. or P.R. person If Yes, please specify: U.S.Citizen <input type="checkbox"/> U.S. or Puerto Rico resident <input type="checkbox"/> U.S.Resident Alien <input type="checkbox"/>
	Please complete Form W-8BEN-E if Not US or PR-Person, otherwise complete Form W-9 for each registered signature <input type="checkbox"/> Form W-8BEN-E Completed <input type="checkbox"/> Form W-9 Completed  Corporate accounts: <input type="checkbox"/> A foreign partnership <input type="checkbox"/> A foreign simple trust <input type="checkbox"/> A foreign grantor trust <input type="checkbox"/> A foreign government <input type="checkbox"/> An international organization <input type="checkbox"/> A foreign central bank <input type="checkbox"/> A foreign tax-exempt organization
Is/Are Account Signer(s) or participants Politically Exposed Person (s)?	Is/Are Account Signer(s) or participants Politically Exposed Person(s), or planning to be senior political figure(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes  "Senior political figure" is a current or former senior official in the executive, legislative, administrative, military or judicial branches of a foreign government, a senior official or a major foreign political party or a senior executive of a foreign government owned corporation. In addition, a "Senior political figure" includes any corporation, business or other entity that has been formed by, or for the benefit of, a senior political figure.
	Is or will Account Signer(s) or participants be the immediate family of a senior political figure? <input type="checkbox"/> No <input type="checkbox"/> Yes  "Immediate family" includes the figure's parents, siblings, spouse, children, and in-laws".
	Is or will Account Signer(s) or participants close associate(s) of senior political figure(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes  "Close associate" is a person who is a widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.
Notes	



**STATE TRUST**  
International Bank & Trust LLC

## Corporate Customer Application

Customer Name:	("Corporation")	Customer Number:
----------------	-----------------	------------------

### XVII. Agreement/Signature

The Customer hereby certifies, under penalties of perjury, that: (a) He/She has reviewed the information contained in this Corporate Customer Application; (b) All information and documentation furnished to the Bank is true, correct and complete in all respects; (c) Customer will promptly inform the Bank of any changes in such information; (d) Customer understands that the Bank's Universal Banking Agreement (General Terms and Conditions) regarding accounts are subject to change; (e) Funds now or hereafter deposited in the Customer's account(s) with the Bank belong to the Customer (or if the Customer is not the ultimate beneficiary, the Customer commits to disclose the identity of the owner and relevant related information to the Bank). The Customer understands that the funds deposited in its account(s) are not insured by the U.S. Federal Deposit Insurance Corp. or any government agency.

By signing this Corporate Customer Application, the Customer acknowledges receipt of and agrees to be bound by all the provisions contained in the Bank's Universal Banking Agreement (General Terms and Conditions) regarding accounts and services.

Signature		Signature	
Full Name:	Date(MDY):	Full Name:	Date(MDY):
Title		Title	

### For Bank Use only

Referral Agent	Code	Cost Center	Previous STG Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Supervisor Code			Date Completed	
Manager Code			Date Submitted	
Referral Office Code			Operator Name	
Referral Office Name			Country Risk Level	<input type="checkbox"/> Overall Risk <input type="checkbox"/> Risk Factor

Additional Notes:

Referral Agent	Date (MDY)	Compliance Officer	Date (MDY)
Manager/Supervisor	Date (MDY)	Executive Manager	Date (MDY)