



STATE TRUST
International Bank & Trust LLC

Corporate Office Park, Assertus Building,
Suite 107, Carr. 2 Km. 2.2,
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Individual Customer Application

Individual Customer Application Sections

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- ☐ II. Personal Information
- ☐ III. Beneficiary Information
- ☐ IV. Employment Information
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Required Documents

- ☐ Copy of valid passport
- ☐ Copy of Driver's License
- ☐ Copy of National Identity Card ("*Cédula*")
- ☐ Copy of Proof of Residence
- ☐ Copy of signed Form STIBT 0020 Anti-Money Laundering Notice
- ☐ Bank Reference Letter or Statement
- ☐ Reference #1
- ☐ Reference #2
- ☐ Form W8-BEN
- ☐ Form STIBT 0013 Transfer-On-Death (If designating Beneficiaries)
- ☐ 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 Puerto Rico Resident? _____



Individual Customer Application

Main Customer Name:				Main Customer Number:				
I.a Account & Relationship Type								
Account Type		<input type="checkbox"/> Individual						
Relationship Type		<input type="checkbox"/> International <input type="checkbox"/> Premier <input type="checkbox"/> Elite						
Account Ownership		<input type="checkbox"/> Single Account Owner <input type="checkbox"/> Joint Tenants with Rights of Survivorship* <input type="checkbox"/> Joint Tenants in Common*						
* All account owners must sign an application. The signature of only one of them is not sufficient to open the account.								
II.a Personal Information								
<input type="checkbox"/> Applicant								
Name*		First Names:						
		Last Names:						
Date of Birth		Month:		Day:		Year:		
Citizenship		Country of Birth:		City of Birth:		Country of Citizenship:		
		<input type="checkbox"/> U.S. Citizen			Other Countries of Citizenship:			
		<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:						
Home Address (Residential)				Mailing Address (If different from home address)				
		City				State		
		Country				Zip		
E-Mail Address		Personal E-Mail						
Phones		Home			Mobile			
		Fax			Other			
Passport		ID No.		Country of Issue		Exp Date		
Drivers License		ID No.		Country of Issue		Exp Date(M/D/Y)		
Other Document		ID No.		Type		Exp Date(M/D/Y)		
Profession					Industry Code:			
Education		<input type="checkbox"/> High School Degree			<input type="checkbox"/> Graduate Degree			
		<input type="checkbox"/> Technical Degree			<input type="checkbox"/> Doctoral Degree			
		<input type="checkbox"/> 4 Year College Degree			<input type="checkbox"/> Other			
Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			Number of Dependents			
		<input type="checkbox"/> Widow <input type="checkbox"/> Domestic Partner						
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			
Relation		Explain relation to other Applicants:						

Note: Make additional copies of this page for more than one Co-Applicant. Name must be consistent with legal document.



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Main Customer Name:				Main Customer Number:				
I.b Account & Relationship Type								
Account Type		<input type="checkbox"/> Individual						
Relationship Type		<input type="checkbox"/> International <input type="checkbox"/> Premier <input type="checkbox"/> Elite						
Account Ownership		<input type="checkbox"/> Single Account Owner <input type="checkbox"/> Joint Tenants with Rights of Survivorship* <input type="checkbox"/> Joint Tenants in Common*						
* All account owners must sign an application. The signature of only one of them is not sufficient to open the account.								
II.b Personal Information								
<input type="checkbox"/> Co-Applicant								
Name*		First Names:						
		Last Names:						
Date of Birth		Month:		Day:		Year:		
Citizenship		Country of Birth:		City of Birth:		Country of Citizenship:		
		<input type="checkbox"/> U.S. Citizen			Other Countries of Citizenship:			
		<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:								
Home Address (Residential)				Mailing Address (If different from home address)				
		City State				City State		
		Country Zip				Country Zip		
E-Mail Address		Personal E-Mail						
Phones		Home			Mobile			
		Fax			Other			
Passport		ID No.		Country of Issue		Exp Date		
Drivers License		ID No.		Country of Issue		Exp Date(MDY)		
Other Document		ID No.		Type		Exp Date(MDY)		
Profession					Industry Code:			
Education		<input type="checkbox"/> High School Degree			<input type="checkbox"/> Graduate Degree			
		<input type="checkbox"/> Technical Degree			<input type="checkbox"/> Doctoral Degree			
		<input type="checkbox"/> 4 Year College Degree			<input type="checkbox"/> Other			
Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			Number of Dependents			
		<input type="checkbox"/> Widow <input type="checkbox"/> Domestic Partner						
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				
Relation		Explain relation to other Applicants:						

Note: Make additional copies of this page for more than one Co-Applicant. Name must be consistent with legal document.



Individual Customer Application

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III. Beneficiary Information

Beneficiary Information

Will this account have Beneficiaries?

☐ No ☐ Yes, If Yes, please complete **STIBT Form 0013 Transfer-On Death Portfolio Agreement**.

IV. Employment Information

☐ **Applicant /** ☐ **Co-Applicant**

☐ **Co-Applicant/Joint**

Status
☐ Employed ☐ Self-Employed
☐ Retired ☐ Not Employed

Status
☐ Employed ☐ Self-Employed
☐ Retired ☐ Not Employed

Employer

Employer

Job Title

Job Title

Employer Address

City State

Country Zip

Employer Address

City State

Country Zip

Phones

Work

Fax

Mobile

Phones

Work

Fax

Mobile

E-Mail

E-Mail

Web URL

Web URL

If Self-employed, please provide tax ID number

If self-employed, please provide tax ID number

Current Employer

Start Date

Years of Work

Industry

Business Line

Current Employer

Start Date

Years of Work

Industry

Business Line

Previous Employer

Name

City

Country

Start Date

Years of Work

Previous Employer

Name

City

Country

Start Date

Years of Work

Notes

Notes



Individual Customer Application

Main Customer Name:

Main Customer Number:

V. Financial Information

<input type="checkbox"/> Applicant / <input type="checkbox"/> Co-Applicant			<input type="checkbox"/> Co-Applicant/Joint		
Annual Income (\$)	Earnings from employment	Other Income*	Annual Income (\$)	Earnings from employment	Other Income*
	*Explain:			*Explain:	
Source of Wealth	<input type="checkbox"/> Professional Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of Real Estate <input type="checkbox"/> Investments <input type="checkbox"/> Other, Specify:		Source of Wealth	<input type="checkbox"/> Professional Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of Real Estate <input type="checkbox"/> Investments <input type="checkbox"/> Other, Specify:	
Monthly Expenses(\$)			Monthly Expenses(\$)		
Principal Residence	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Estimated Value	Principal Residence	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Estimated Value
Net Worth(\$)			Net Worth(\$)		
Liquid Net Worth (\$)	Cash, Cash-Equivalent and marketable securities only. Exclude Principal Residence.		Liquid Net Worth (\$)	Cash, Cash-Equivalent and marketable securities only. Exclude Principal Residence.	

VI. Portfolio Expected Activity

Describe proposed account usage						
Estimated Average Monthly Activity	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)						

VII. Account Funding Information

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

VIII. Internet Banking

User ID	Main User ID will be created and sent by the Bank. To request additional Internet Banking users please use Form STIBT 2039 .
User Password	* Bank will send new main User ID and temporary password to main E-Mail address. This password must be changed during the first Internet Banking session.



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IX. References

<input type="checkbox"/> Applicant / <input type="checkbox"/> Co-Applicant			<input type="checkbox"/> Co-Applicant/Joint		
Bank Reference	Bank Name		Bank Reference	Bank Name	
	Contact	Telephone		Contact	Telephone
Reference #1	Name		Reference #1	Name	
	Contact	Telephone		Contact	Telephone
	Relation to Applicant			Relation to Applicant	
Reference #2	Name		Reference #2	Name:	
	Contact	Telephone		Contact	Telephone
	Relation to Applicant			Relation to Applicant	
Account Statements	<input type="checkbox"/> Copies of last 3 statements included		Account Statements	<input type="checkbox"/> Copies of last 3 statements included	

X. Account Reporting & Communications

Correspondence	<input type="checkbox"/> Electronic format Only (E-Mail) <input type="checkbox"/> Send correspondence by regular mail Only				
Customer Correspondence Mailing Address <small>(If different from Applicant Address)</small>	Use <input type="checkbox"/> Residence <input type="checkbox"/> Work <input type="checkbox"/> Other:	Street			
		City	State	Zip	Country:
Correspondence E-Mail	<input type="checkbox"/> Use Personal E-Mail <input type="checkbox"/> Use Employment E-Mail <input type="checkbox"/> Use Other, E-Mail:				
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. Banking Objectives

Risk Profile	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive If low profile chosen, no wire transfers, third party transfers or FX transactions shall be allowed on the Internet.				
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"/> Foreign Exch. <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				



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XII. Banking Services

Portfolio/ Money Market Accounts	<input checked="" type="checkbox"/> US Dollar (required) <input checked="" type="checkbox"/> Euro (required)			
	Other Money Market Currencies: <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> AUD <input type="checkbox"/> JPY <input type="checkbox"/> CHF <input type="checkbox"/> Other: _____			
	Requirement - StateTrust International Bank & Trust, LLC., requires both a US Dollar and Euro Money Market accounts. In addition, the Customer can optionally define other currencies for its Portfolio WorldPass and Money Market Accounts.			
Other STIBT Banking Services of Interest	<input type="checkbox"/> WorldPass Portfolio	<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 CD	<input type="checkbox"/> Collections	<input type="checkbox"/> E- Cards & Prepaid	<input type="checkbox"/> Family Foundations

XIII. Certifications

Is/Are any Account Holder(s) United States Person(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please specify: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> U.S. or P.R. Resident			
	Please complete for each applicant and co-applicant Form W8-BEN if Not US-Person or P.R. Person, <input type="checkbox"/> Form(s) W-8BEN Completed and included			
Politically Exposed Person(s)	Is /Are any Account Holder(s) Politically Exposed Person(s), or planning to be senior political figure(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify which applicant: "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/Are or will Account Holder(s) be the immediate family of a senior political figure? <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify which applicant: "Immediate family" includes the figure's parents, siblings, spouse, children, and in-laws".			
	Is/Are or will Account Holder(s) be a close associate of a senior political figure? <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.			
Beneficial Owner (Ultimate final owners)	Is/Are the Applicant/Co-Applicant the final and only owner(s) of these Portfolios? <input type="checkbox"/> Yes <input type="checkbox"/> No If, No please explain: <i>Note – 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)</i>			
Related Party to StateTrust Company or affiliates?	Is/Are the Applicant/Co-Applicant related to StateTrust? <input type="checkbox"/> StateTrust Agent <input type="checkbox"/> StateTrust Staff If yes provide - Office: _____ Code: _____ Name: _____ Position: _____			
General Notes				

XIV. Security Procedure

Disclosure	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 Minimum Security Amount Level , as defined from time-to-time be the Bank, the Bank at its own discretion proceeds to call-back to confirm and authenticate the payment instructions received by the Bank. Please note that instructions may not be executed until the Security Procedure is completed in a satisfactory manner to the Bank. Minimum Security Amount Level: USD 0.00 (All transactions may be subject to the Call-Back verification procedure)		
Selection of Security Feature	<input type="checkbox"/> CAD Mobil <input type="checkbox"/> CAD Physical	Mobil No: _____	Model No: _____



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XV. Banking Signature Registry (Authorized Persons)

Signature Type	<input type="checkbox"/> Individual Type "A" signers <u>one</u> Signature required <input type="checkbox"/> Joint 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>					
Signer 1	Signature	<input type="text"/> A <input type="text"/> B	Signer 6	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
Signer 2	Signature	<input type="text"/> A <input type="text"/> B	Signer 7	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
Signer 3	Signature	<input type="text"/> A <input type="text"/> B	Signer 8	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
Signer 4	Signature	<input type="text"/> A <input type="text"/> B	Signer 9	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
Signer 5	Signature	<input type="text"/> A <input type="text"/> B	Signer 10	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
Power of Attorney 1 (Please use Form STIBT 0006 if required)	Signature	<input type="text"/> A <input type="text"/> B	Power of Attorney 2 (Please use Form STIBT 0006 if required)	Signature	<input type="text"/> A <input type="text"/> B
	Print Name:	Date:		Print Name:	Date:
Special Conditions	Special Instructions Attached: <input type="checkbox"/>				
Terms	By signing this Banking Signature Registry , we authorize StateTrust International Bank & Trust, LLC. ("STIBT"), to accept instructions from any of the account signatories to open/close/modify accounts, make fund movements, wire transfer requests and investments, apply for credit, and request services without our further original signature. We agree to follow STIBT security procedures and to provide our signature upon request. 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.				



Individual Customer Application

Main Customer Name:

Main Customer Number:

XVI. Agreement/Signature

The Customer, under the penalties of perjury, hereby certifies that: (a) He/She has reviewed the information contained in this 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 acknowledges that the terms and conditions in the Bank's Universal Banking Agreement 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 prior to any deposit). The Customer understands that the funds deposited in its account(s) are not insured by the Federal Deposit Insurance Corporation any governmental agency.

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

☐ **Applicant**

☐ **Co-Applclicant/Joint**

Signature

Signature

Full Name:

Date:

Full Name:

Date:

For Bank Use only

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

Additional Notes:

Referral Agent

Date

Compliance Officer

Date

Manager

Date

Executive Manager

Date