

# Account Agreement

Date: 12/04/2020

**Institution Name & Address**

Poppy Bank  
Petaluma Office  
100 Second St.  
Petaluma, CA 94952  
(707) 636-9030

**Owner/Signer Information 1**

Name	Kevin Tyler
Relationship	Auth Signer/Control Party
Address	572 Lucero Ave Pacific Palisades, CA 90272
Mailing Address (if different)	1920 Main St Ste 1200 Irvine, CA 92614
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License F3582765 CA Issued: 01/26/2017 Expires: 01/19/2022
Other ID (description, details)	Passport Passport Expires: 09/26/2021
Employer	Oakmont Management Group, CFO
Previous Financial Inst.	
E-Mail	ktyler@oakmontmg.com
Work Phone	
Home Phone:	Mobile Phone: (516) 353-7650
Birth Date: 01/19/1981	SSN/TIN: 071-66-8503

**Ownership of Account**

The specified ownership will remain the same for all accounts.

<input type="checkbox"/> Individual
<input type="checkbox"/> Joint Account
<input type="checkbox"/> Joint - Spouses (With right of survivorship)
<input type="checkbox"/> Community Property (Spouses)
<input type="checkbox"/> Tenancy in Common
<input type="checkbox"/> Sole Proprietorship or Single Member LLC
<input checked="" type="checkbox"/> LLC-enter tax classification ( <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership)
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/>
<input type="checkbox"/> Trust-Separate Agreement Dated: _____
<input type="checkbox"/>

**Beneficiary Designation**

(Check appropriate ownership above.)

<input type="checkbox"/> Totten Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

Internal Use 01-1002451-9 Officer

**Account Title & Address**

Oakmont Management Group LLC  
9240 Old Redwood Hwy Ste 200  
Windsor, CA 95492

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.☐ If checked, this is a temporary account agreement.Number of signatures required for withdrawal: 1.**Signature(s)**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Terms & Conditions        | <input checked="" type="checkbox"/> Truth in Savings | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Privacy          | <input checked="" type="checkbox"/> Substitute Checks  |
| <input type="checkbox"/> Common Features                      | <input type="checkbox"/>                             |  |
- ☒ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- |      |     |   |
|------|-----|---|
| (1): | [X] | Kevin Tyler<br>I.D. # 071-66-8503 D.O.B. 01/19/1981         |
| (2): | [X] | Courtney Siegel<br>I.D. # 564-85-8403 D.O.B. 03/18/1983     |
| (3): | [X] | Matthew Stevenson<br>I.D. # 613-32-6511 D.O.B. 01/20/1981   |
| (4): | [X] | James Nicholas Meek<br>I.D. # 645-28-6234 D.O.B. 06/17/1982 |

Owner/Signer Information 2	
Name	Courtney Siegel
Relationship	Authorized Signer
Address	649 Regency Cir Sacramento, CA 95864
Mailing Address (if different)	1920 Main St Ste 1200 Irvine, CA 92614
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License B8862965 CA Issued: 09/29/2017 Expires: 03/18/2022
Other ID (description, details)	Credit Card Visa Expires: 02/28/2023
Employer	Oakmont Management Group, Presiden & CEO
Previous Financial Inst.	
E-Mail	courtney.siegel@oakmontmg.com
Work Phone	(509) 979-7256
Home Phone:	Mobile Phone:
Birth Date: 03/18/1983	SSN/TIN: 564-85-8403

Owner/Signer Information 3	
Name	Matthew Stevenson
Relationship	Authorized Signer
Address	12436 Altura Dr Rancho Cucamonga, CA 91739
Mailing Address (if different)	1920 Main St Ste 1200 Irvine, CA 92614
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License B7218423 CA Issued: 03/02/2020 Expires: 01/20/2025
Other ID (description, details)	Passport Passport Expires: 09/26/2021
Employer	Poppy Bank, COO
Previous Financial Inst.	
E-Mail	matt.stevenson@oakmontmg.com
Work Phone	
Home Phone:	Mobile Phone: (909) 210-1043
Birth Date: 01/20/1981	SSN/TIN: 613-32-6511

Owner/Signer Information 4	
Name	James Nicholas Meek
Relationship	Authorized Signer
Address	11 Spring Harbor Aliso Viejo, CA 92656
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License D8745399 CA Issued: 04/27/2020 Expires: 06/17/2025
Other ID (description, details)	Credit Card Visa Expires: 05/30/2025
Employer	Oakmont Management Group, Controller
Previous Financial Inst.	
E-Mail	jmeek@oakmontmg.com
Work Phone	
Home Phone:	Mobile Phone: (949) 302-2586
Birth Date: 06/17/1982	SSN/TIN: 645-28-6234

**Important Account Opening Information.** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Non-Individual Owner Information	
Name	Oakmont Management Group LLC
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
E-Mail	
Phone	
EIN: 46-1228206	Mobile Phone:

Account Description	Account #	Initial Deposit/Source
OMG PAYROLL	01-1002451-9	\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Backup Withholding Certifications	
(If not a "U.S. Person", certify foreign status separately)	
<input checked="" type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number - TIN:</b> 46-1228206 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding.</b> I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients.</b> I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____	
<b>FATCA Code.</b> The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	

Other Terms/Information