



Butterfield

Application for Bank Account
to Operate in Firm or Company Name

APPLICATION FOR BANK ACCOUNT TO OPERATE IN FIRM OR COMPANY NAME

All bank accounts with The Bank of N.T. Butterfield & Son Limited shall be governed by the General Terms & Conditions as modified from time to time and as posted on the Bank's website or in Banking Centre welcome areas.

ACCOUNT REQUIREMENTS & DOCUMENTATION CHECKLIST

Instructions:

- 1) The purpose of this checklist is to ensure you submit all required documentation in order to minimise delays and allow your application to be processed as quickly as possible.
- 2) Incomplete applications may not be accepted. Butterfield reserves the right to request further information from prospective clients.
- 3) This checklist covers the following products and services: Account opening for chequing accounts, savings accounts and fixed-term deposits, as well as Butterfield Mobile banking, Debit Cards, and cheque and deposit books.
- 4) Notification of your account opening status will be communicated via e-mail or by phone, unless otherwise requested; therefore the relevant contact information for this purpose should also be specified.

REFERENCE AND IDENTIFICATION REQUIREMENTS

We require the following documentation to open and operate a retail banking business account:

New Sole Proprietorship or New General Partnership

- **Proof of Business Registration with the Office of Tax Commissioner specifying all partners involved with the business.***
- **Proof of most recent payment of payroll tax.**
- **Verification of Nationality.** Bermudian Residents must provide: i) an original or notarised copy of all passports or ii) a birth certificate and government-issued photo identification. Non-Bermudian Residents must provide an original or notarised copy of all passports. Identification should state the true legal name, date of birth, place of birth and nationality of the account holders.
- **Verification of Bermuda Residency (Non-Bermudians Only).** An official immigration document is required for account holders or signatories if they are resident in Bermuda and are not Bermudian.
- **Verification of Business Address (if applicable).** A document** verifying physical location of the business is required. A utility bill, commercial rental agreement, or relevant page of a telephone directory is acceptable.
- **Declaration of Tax Status form must be completed for each applicant.**
- **Verification of main source of income - documentation to support main source of income (e.g. pay slip, letter from employer or trust, investment statement, business plan)**
- **Verification of Address for all Signatories & Account Holders.** A document** verifying street address is required. A utility bill, rental agreement, or relevant page of a telephone directory is acceptable. For non-residents, a current utility bill showing a street address is acceptable.
- **Sole Proprietorship Mandate or New General Partnership Mandate (in the last section of application form)**
- **Minimum Deposit.** BM \$100 or equivalent is required to open chequing and savings accounts. Fixed Term deposits require a minimum of BM \$5,000 or equivalent.

Existing Business Account Applying for an Additional Account in the Same Name:

- **Photo Identification.** Any government-issued identification stating the true legal name, date of birth, of account holder(s), including a unique reference number.
- **Declaration of Tax Status form must be completed for each applicant.**
- **Verification of main source of income - documentation to support main source of income (e.g. pay slip, letter from employer or trust, investment statement, business plan)**
- **Verification of Address only if address listed on existing accounts has changed for the business and/or account holders/signatories.** A document** verifying street address is required. A utility bill, rental agreement, or relevant page of a telephone directory is acceptable. For non-residents, a current utility bill showing a street address is acceptable.
- **Minimum Deposit.** BM \$100 or equivalent is required to open chequing and savings accounts. Fixed-term deposits require a minimum of BM \$5,000 or equivalent.

It is Bank policy to verify the source of funds before accepting or executing any transaction.

**Further proof of Business may also be required, depending on nature and type of business. (i.e., Business plan, Contracts)*

*** The document must be from within the last three months.*

ACCOUNT INFORMATION

Select the type of account applying for:

Chequing Options:

- BMD USD
 CAD GBP

Saving Options:

- BMD USD

Fixed-Term Deposit Options:

- 1 year 2 year 3 year 4 year 5 year
 BMD USD other _____

Mailing address for account statements _____

BUSINESS INFORMATION

Business structure:

Sole Proprietorship

(Business entity that is owned and run by one individual under their own name or a business/trade name; whereby the owner assumes all responsibility and liability of the company)

General Partnership

(Business entity that is owned and run by two or more individuals under their own names or a business/trade name; whereby the owners assume all responsibility and liability of the company)

Business name _____

Formation date _____

Payroll tax account number _____

Owner(s) _____

Type of business (Nature of business, type of activity the business will undertake) _____

Physical address (if different from mailing) _____

(P.O. Box not accepted)

Business contact number(s)

Business _____ Fax _____ Cellular _____

Website address _____ E-mail address _____

BENEFICIAL OWNER(S) / SIGNATORY(IES) INFORMATION

Please tick one <input checked="" type="checkbox"/>		First & middle names	Last name	Previous name (including maiden name or change by deed poll)	(dd/mm/yyyy) Date of birth
Account owner	Signatory only				
1					
2					
3					
4					

Y-Yes; N-No	BDA status	ID type and number	Citizenship	Residential address
1				
2				
3				
4				

E-mail address	Contact number	Employer
1		
2		
3		
4		

Occupation (if applicable)	Social security number (if applicable)	Mother's Maiden Name (for security purposes)
1		
2		
3		
4		

OPERATION OF ACCOUNT

What is the purpose of this account? _____

Why have you chosen to establish the account in Bermuda? (non-residents only) _____

Do any of the account holders have a connection with Bermuda (non-residents only) Yes No

If yes, please provide details of connection: _____

Is this account being held for the benefit of another party other than those named on the account? Yes No

If so, please state their name(s): _____

Are there any intermediary relationships associated with the account? Yes No

If yes, please state name of introducer/intermediary: _____

His/her relationship with the account: _____

ACCOUNT FINANCIAL DETAILS

Amount of initial deposit \$ _____

Initial funds will be deposited via: Business cheque Cash Internal transfers Local bank transfer

Origin of funds Self or from other individual/entity/(name) _____

Location of origin – city, country _____

How were the initial funds acquired? _____

Method of future account activity (select all that apply): _____

Internet banking ATM Fax instructions In-banking centre Mail-in

Source of wealth (Select all that apply. We may require evidence to support the information you have provided.):

Sales revenue Commissions & fees Rental income

Client funds for further management/reinvestment Investment income Other (please describe) _____

Method of incoming funds (select all that apply):

Bank drafts Wire transfers Cash Internal transfers

Business cheques Third party cheques Direct deposit Other (please describe) _____

Method of Outgoing Funds (select all that apply):

Bank drafts Wire transfers Debit/Credit Card Internal transfers

Business cheques Cash Internet banking Other (please describe) _____

Estimated total monthly incoming funds \$ _____ Estimated total monthly outgoing funds \$ _____

Are future incoming funds expected from operating your business online via the Internet? (i.e. online store) Yes No

Please give details of expected wire activity (i.e. two wires per month to Canada of \$1000 each):

BUSINESS DEBIT MASTERCARD® Yes No Number of Cards requesting: _____ (maximum 10 cards)

Not available for fixed-term deposit accounts or joint accounts that require more than one authorised signatory.

	Cardholder name	<small>Tick if applicable</small> <input checked="" type="checkbox"/> Authorised Company Representative*	Deposit Only "Yes" or "N/A"	Debt Limit either 12K or 25K
1				
2				
3				
4				

*The "Authorised Company Representative" is the person(s) authorised to transact business for any Cardholder regarding their Butterfield Business Debit Mastercard® account.

If your business name is longer than 21 characters please provide a shortened name to appear on your Debit Card: _____

<p>CHEQUES <input type="checkbox"/> Yes <input type="checkbox"/> No No. of cheque books: _____</p> <p>Cheques per book: _____ <input type="checkbox"/> 300 <input type="checkbox"/> 100 <input type="checkbox"/> 25</p> <p>Type: <input type="checkbox"/> Stub <input type="checkbox"/> No stub</p>	<p>DEPOSIT BOOKS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No. of deposit books: _____</p>
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Collect cheque and/or deposit books from: Head Office Somerset St. George's Mail

INTERNET BANKING

Yes No

This page can be replicated as required to show additions for this section.

Would you like specific account and access rights for multiple parties on the account(s)? Yes No

if yes, please complete this 'Internet Banking' section in addition to the "Accounts and Access Rights Information" in the next section.

Name of User	Would you like the option of sending wires?		Please indicate Wire Limit (i.e. Tier 1, Tier 2,..)					
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4	<input type="checkbox"/> Tier 5	<input type="checkbox"/> Tier 6
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4	<input type="checkbox"/> Tier 5	<input type="checkbox"/> Tier 6
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4	<input type="checkbox"/> Tier 5	<input type="checkbox"/> Tier 6
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4	<input type="checkbox"/> Tier 5	<input type="checkbox"/> Tier 6

ACCOUNTS AND ACCESS RIGHTS INFORMATION This page can be replicated as required to show additions for this section.

Name of User: _____

PLACE A CHECK IN THE BOX TO GRANT THE ABOVE USER FULL ACCESS TO ALL ACCOUNTS OWNED BY THIS COMPANY OR ENTER THE DESIRED ACCOUNT NUMBER AND SELECT THE ACCESS RIGHTS FOR THE ABOVE USER.

Payroll Account No.: _____ Account type: _____

Balance & statement View
 Payroll Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)

Name of User: _____

PLACE A CHECK IN THE BOX TO GRANT THE ABOVE USER FULL ACCESS TO ALL ACCOUNTS OWNED BY THIS COMPANY OR ENTER THE DESIRED ACCOUNT NUMBER AND SELECT THE ACCESS RIGHTS FOR THE ABOVE USER.

Account No.: _____ Account type: _____

Balance & statement View
 Own Account Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Internal Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Domestic Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Mutual Fund Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Draft Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Wire transfer Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Bill Payment Create Authorise Self-authorise Limit \$ _____ (max \$500,000)

Name of User: _____

PLACE A CHECK IN THE BOX TO GRANT THE ABOVE USER FULL ACCESS TO ALL ACCOUNTS OWNED BY THIS COMPANY OR ENTER THE DESIRED ACCOUNT NUMBER AND SELECT THE ACCESS RIGHTS FOR THE ABOVE USER.

Account No.: _____ Account type: _____

Balance & statement View
 Own Account Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Internal Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Domestic Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Mutual Fund Transfers Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Draft Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Wire transfer Create Authorise Self-authorise Limit \$ _____ (max \$500,000)
 Bill Payment Create Authorise Self-authorise Limit \$ _____ (max \$500,000)

Contact person: _____ Signature: _____ Dated ____/____/____ (dd/mm/yy)

ELECTRONIC BANKING USE ONLY

Completed by: _____ Signature: _____ Dated ____/____/____ (dd/mm/yy)

Approved by: _____ Signature: _____ Dated ____/____/____ (dd/mm/yy)

DECLARATION & ACCOUNT MANDATE

Sole Proprietorship Account mandate:

- (i) I declare that I have no partner in the business which I am carrying on under the said name and style.
- (ii) I am the beneficial owner or signatory of the above account.
- (iii) This account is not being held in violation of any applicable law.
- (iv) I confirm that I will comply with all tax and exchange control reporting requirements imposed by any applicable jurisdiction in respect to this proposed account.
- (v) The information provided above is true to the best of my knowledge, information and belief.
- (vi) In consideration of Butterfield doing business with me under the said business name and style and/or under my own name, I do hereby agree that I am and will be liable and responsible to Butterfield for all transactions entered into or to be entered into with the said Bank by me or by my duly constituted attorney in the said name and style and for every promissory note, bill of exchange, draft, cheque, receipt or other instrument, made, drawn, accepted, endorsed or signed by me or by my said attorney in the said name and style.
- (vii) Notwithstanding the terms of the Mandate or any future mandate or other agreement or course dealing between the Bank and myself, the Bank is requested and authorised, but not obliged, to rely upon and act in accordance with any notice, demand or other communication which may from time to time, be given by any verbal, telephone, telegraphic, telex, or electronic message if believed by the Bank to be genuine and to be presented or delivered by or on behalf of the undersigned, without incurring liability should it be false or there be any error or ambiguity therein.

I have read, understand, and agree to the above Sole proprietorship account mandate under which my account(s) will operate. Yes No N/A

Joint Account/General Partnership mandate:

- (i) We declare that we have no other partner(s) in the business which we are carrying on under the said name and style.
- (ii) We are the beneficial owner(s) or signatory(ies) of the above account.
- (iii) This account is not being held in violation of any applicable law.
- (iv) We confirm that we will comply with all tax and exchange control reporting requirements imposed by any applicable jurisdiction in respect to this proposed account.
- (v) The information provided above is true to the best of our knowledge, information and belief.
- (vi) In consideration of Butterfield doing business with us under the said name and style and/or under our own name, we do hereby agree that we are and will be liable and responsible to Butterfield for all transactions entered into or to be entered into with the said Bank by us or by our duly constituted attorney in the said name and style and for every promissory note, bill of exchange, draft, cheque, receipt or other instrument, made, drawn, accepted, endorsed or signed by us or by our said attorney in the said name and style.
- (vii) We hereby authorise the Bank until we shall give notice to the contrary in writing:
 - a) To pay and debit to any account(s) for the time being opened with our Business/joint name(s) all cheques or other orders or instructions authorising payment signed by *all any of us notwithstanding that any such payment may cause the account(s) to be overdrawn or increase an existing overdraft.
 - b) To deliver up anything held by Butterfield by way of security or for safe custody collection or any other purpose whatsoever on our account against the written receipt or instructions of *all any of us.
 - c) On the death of any one of us, then any money for the time being standing to the credit of the said account(s) and anything held by Butterfield whether by way of security or safe custody or collection or any purpose whatsoever may be held to the order of the survivor(s) of us.
 - d) We agree that any liability incurred by us to Butterfield in respect of the above instructions shall be several as well as joint.
 - e) Notwithstanding the terms of the Mandate or any future mandate or other agreement or course dealing between the Bank and us, the Bank is requested and authorised, but not obliged, to rely upon and act in accordance with any notice, demand or other communication which may from time to time, be given by any verbal, telephone, telegraphic, telex, or electronic message if believed by the Bank to be genuine and to be presented or delivered by or on behalf of the undersigned, without incurring liability should it be false or there be any error or ambiguity therein.

BUSINESS DEBIT MASTERCARD® AGREEMENT

Cardholders signed herewithin agree to use their debit card only (i) for business purposes (ii) as authorised by their company/firm and (iii) subject to the conditions of the Butterfield Business Debit Mastercard® Agreement. Available in the Butterfield Business Debit Mastercard brochure.

We have read, understand, and agree to the above Joint/General Partnership account mandate under which our account(s) will operate. Yes No N/A

Account Holder signature(s) (please sign within block)

Authorised Signatory	Authorised Signatory	Authorised Signatory	Authorised Signatory

BANK USE ONLY	Primary applicant	Joint applicant	Joint applicant	Joint applicant
Applicant CIF #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> New <input type="checkbox"/> Existing
Senior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BDA Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business CIF#	<input type="text"/> Please tick one: <input type="checkbox"/> Existing Business client applying for an additional account in the same name <input type="checkbox"/> New Business client applying for an account			
Debit card(s) approved	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Account number 1)	<input type="text"/>	2)	<input type="text"/>	3)
Completed by (print)	<input type="text"/>		Signature	<input type="text"/>
Approved by (print)	<input type="text"/>		Signature	<input type="text"/>
			Date	<input type="text"/>

DECLARATION OF TAX STATUS

A separate form must be completed by every individual that is a named party to the account.

YOUR PERSONAL INFORMATION

Full name _____

Permanent (residential) address _____

Mailing address (if different from permanent address) _____

Telephone _____ Home _____ Work _____ Cell _____ Fax _____

E-mail _____

Date of birth _____ Country of birth _____

Country of residence _____

Country of citizenship _____ Do you hold citizenship with any other country? Yes No

If Yes, please list countries below _____

Do you hold a passport for any other country? Yes No

Are you a resident for tax purposes of any country other than Bermuda? Yes No

If Yes, please list country(ies) of residence for tax purposes and corresponding social insurance/similar taxpayer identification number (where applicable):

COUNTRY	IDENTIFICATION NUMBER

Are you a close associate or immediate family member of a politically exposed person (PEP)? Yes No

If yes, provide name of PEP _____

YOUR DECLARATION

To enable Butterfield to confirm and document my tax status accurately (including, but not limited to, my tax status as a U.S. Person or Non-US Person for US federal income tax purposes), I hereby certify that:

- The information provided in this Declaration is complete and accurate.
- I am the beneficial owner of the account, or I am authorised to sign on behalf of the individual who is the beneficial owner of the account.
- I will notify Butterfield immediately of any change in the personal information provided in this Declaration or in my circumstances relevant to this Declaration, and will provide Butterfield with an updated Declaration within 30 days of such a change occurring. I further understand and agree that any failure to do so shall entitle Butterfield, in its sole discretion, to terminate any account in which I have a beneficial interest.
- I will comply with all tax and exchange control laws, regulations and reporting requirements imposed by any applicable jurisdiction relating to my accounts maintained with Butterfield.
- I am currently a US Person. This assertion must be supported by a completed IRS form W-9 (accessible from www.IRS.gov/formspubs)
Or
 I am not currently a US Person and I will notify Butterfield should I become one. Please note that you may be required, under certain circumstances, to provide additional information/documentation confirming your tax status.

I authorise Butterfield, at its sole discretion, to provide a copy of this form and any information regarding any account with Butterfield to which I am a party to any tax authority or party that is authorised to act on behalf of such an authority.

Signed _____ Dated _____

Name (print) _____

Clients and other individuals have certain rights with respect to the data held by Butterfield. The details of the individual rights, as well as how we handle the data provided to us, can be found in our Privacy Statement which can be obtained from www.butterfieldgroup.com or by contacting LICBermuda@butterfieldgroup.com.

¹a US Person is defined in Section 7701 (a) (30) of the Internal Revenue Code as a citizen or resident of the United States. A citizen generally means a person born or naturalised in the United States. A resident of the United States generally means (i) a lawful permanent resident, which includes the holder of a Green Card; (ii) an individual who meets a test indicating "Substantial Physical Presence" for the calendar year in the United States; or (iii) an individual who makes a valid election to be treated as a resident of the United States. If you are unsure whether you are a US Person, you should consult your tax adviser.