



BUSINESS - New Account Application and Signature Card

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

Advisor Code: _____

Opening Deposit Amount: _____ Promotion Code: _____ Account Type: _____ CD/CDAR Term: _____

Business Information			
Business Entity Legal Title: (Indicate DBA name, if applicable)		Type of Business/Industry (i.e. clothing sales, interior design):	
Business Physical Address (No PO Box):		City/State/Zip:	Years at this location:
Mailing Address:		City/State/Zip:	
Business EIN/SSN:	Business Phone:	Business Email Address:	
Date Business Established:	Business Website:	Account Purpose (i.e. Operations, Reserve):	

Signer Information				
<p>The authorized signers whose names appear below, hereby apply for an account with Bofl Federal Bank, subject to the terms and conditions in the Account Agreement.</p> <p>I/WE ACKNOWLEDGE RECEIPT OF THE BUSINESS DEPOSIT ACCOUNT AND ONLINE BANKING AGREEMENT. THIS AGREEMENT ADDRESSES THE ACCOUNTS, SERVICES AND FEES FOR BOFI FEDERAL BANK. TO VIEW THE BUSINESS DEPOSIT ACCOUNT AND ONLINE BANKING AGREEMENT CLICK HERE.</p> <p>Bofl Federal Bank is hereby authorized to act without further inquiry in accordance with writings bearing one signature of the undersigned until Bofl Federal Bank receives written notice that the signers have changed.</p>				
AUTHORIZED SIGNERS				
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE <input type="checkbox"/> SIGNER <input type="checkbox"/> OWNER <input type="checkbox"/> BOTH
Address:		Best Contact #:		
Signature:	Email Address:	Driver's License No./State	Issue Date: Exp. Date:	
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE <input type="checkbox"/> SIGNER <input type="checkbox"/> OWNER <input type="checkbox"/> BOTH
Address:		Best Contact #:		
Signature:	Email Address:	Driver's License No./State:	Issue Date: Exp. Date:	
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE <input type="checkbox"/> SIGNER <input type="checkbox"/> OWNER <input type="checkbox"/> BOTH
Address:		Best Contact #:		
Signature:	Email Address:	Driver's License No./State:	Issue Date: Exp. Date:	
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE <input type="checkbox"/> SIGNER <input type="checkbox"/> OWNER <input type="checkbox"/> BOTH
Address:		Best Contact #:		
Signature:	Email Address:	Driver's License No./State:	Issue Date: Exp. Date:	

Taxpayer Certification
<p>Under penalty of perjury, I certify that the number shown on this form is the correct taxpayer identification number and the business entity is not subject to backup withholding.</p> <p>CERTIFICATION: I certify that I am authorized on behalf of this business and have reviewed the Business Deposit Account and Online Banking Agreement governing this account and as amended from time to time. The number of signatures required on checks and other written instructions is set, and any one of the authorized signers may act alone. The persons named above as AUTHORIZED SIGNERS are authorized to sign checks and otherwise give instructions on behalf of the business regarding its accounts and services.</p> <p>Further, I authorize Bofl Federal Bank to verify any information that I have provided, and based on that information, to request reports about me prepared by consumer agencies (i.e. ChexSystems, etc.) used by the Bank from time to time. I understand that if these reports contain any derogatory information, the Bank may refuse to open an account or add my name as an authorized signer. Upon request, Bofl will provide you with the name and address of the Consumer Reporting Agency contacted to supply the report, and I understand that credit inquiries have the potential to impact my credit score.</p> <p>Signature: _____ Title: _____ Date: _____</p>

BANK USE ONLY

Date Rec'd: _____ Officer Code: _____ Account: _____ Input by: _____ Reviewed by: _____

Customer's Consent to View Account

- Yes – I agree to Investment Professional Information Sharing. I have read and accepted the terms on information sharing located at www.bofiadvisor.com.
- No – I do not wish to participate in Investment Professional Information Sharing

About Information Sharing

Your Investment Professional participates in the Bofl Advisor Program, a banking program built specifically for Investment Professionals to help their clients obtain high-value banking services through Bofl Federal Bank. The Bofl Advisor Program can provide useful tools to you and your Investment Professional, tools that can help your Investment Professional help you.

An important benefit of these tools is that your Investment Professional may use them to view certain information about your Bofl Federal Bank deposit account(s). This information includes without limitation, your name, your account type(s), your periodic balance(s), your CD maturity date(s), and your transactional history.

Your Investment Professional may use this information to assist you with your total financial planning needs. This information may also be made available to your Investment Professional's designated associate(s) and/or his/her financial firm (collectively referred to as "Your Designee").

This information may be made available to Your Designee through: (1) a website that utilizes a secure login (2) other secure data aggregation services to which Your Designee may subscribe, or (3) other means as Bofl Federal Bank deems reasonable and appropriate. The information available to Your Designee will only allow Your Designee to monitor your Bofl Federal Bank account(s) and the basic information detailed above. Selecting this information sharing option does NOT authorize Your Designee to conduct any transactions with your accounts.

You have the right to change your preferences for information-sharing with Your Designee, including changing Your Designee or opting-out of this type of sharing, at any time, by sending your request in writing to: Security and Privacy-opt-out, Bofl Advisor Program, Bofl Federal Bank, P.O. Box 509127, San Diego, CA 92191-9872.

Your Investment Professional participates in the Bofl Advisor Program, which is designed to allow your Investment Professional to offer you products and services offered by the Bofl Federal Bank - Bofl Advisor Program. Bofl Federal Bank's relationship with your Investment Professional and the financial firm employing your Investment Professional is through a joint marketing agreement.

Bofl Federal Bank has no relationship with or control over your Investment Professional with respect to any financial advice, securities, or other non-Bofl Advisor products or services offered by your Investment Professional. Bofl Federal Bank does not warrant or otherwise make any representation as to the quality of the advice given to you by your Investment Professional.