



Important Information: Please Read the Following Notices Carefully

Last Rev. 01/2024

**CALIFORNIA CONSUMER PRIVACY ACT
NOTICE AT COLLECTION**

We are required to provide California residents with a Notice at Collection that details the categories of consumer personal information that the Bank collects, source used to collect the information, purpose for the collection of such information and parties with whom we share.

We collect personal information on individuals only as allowed by law. We limit the collection of personal information to what is relevant and necessary to accomplish a lawful purpose of the Bank. For example, we may need to know someone's address, telephone number and social security number, among other things, to properly identify the person and comply with other government requirements.

The Bank does not sell or share any of the categories of personal information or categories of sensitive personal information we collect. This Notice at Collection supplements the information contained in the CCPA Privacy Policy and the MVB Privacy Policy and applies solely to individuals who are residents of the State of California.

You may view and print at the Bank's website a copy of:

- The Notice at Collection
- The complete California Consumer Privacy Act Policy
<https://www.missionvalleybank.com/california-consumer-protection-act-policy>
- MVB Privacy Policy <https://www.missionvalleybank.com/mvb-privacy-policy>

Or you may request a copy at the New Accounts desk.



IMPORTANT INFORMATION FOR YOU

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 to 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 to see your Driver's License or other identifying documents.

IMPORTANT INFORMATION ABOUT OPENING A LEGAL ENTITY ACCOUNT

Effective May 11, 2018, new rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

Each time an account is opened for a covered Legal Entity, we are required to ask for identifying information (name, address, date of birth, social security number as well as identification documents) for:

- Each individual that has beneficial ownership (25% or more); and,
- One individual that has significant managerial control, of the Legal Entity.

If you are opening an account on behalf of a Legal Entity, you will be required to provide the appropriate documentation and to certify that this information is true and accurate to the best of your knowledge. We proudly support all efforts to protect and maintain the security of our customers and our country.

FUNDS AVAILABILITY POLICY

Last Revised July 1, 2020

Our general policy is to allow you to withdraw funds deposited in your account on the first business day after the day that we receive your deposit. Funds from electronic direct deposits will be available on the day that we receive the deposit.

In some cases, we may delay your ability to withdraw funds beyond the first business day. Then, the funds will generally be available by the second business day after the day of deposit.



GENERAL INFORMATION			
ACCOUNT NUMBER: <input type="checkbox"/> N/A (New Applicant) <input type="checkbox"/> Current Customer Account Number:			
APPLICATION TYPE: <input type="checkbox"/> New Application <input type="checkbox"/> Additional Account <input type="checkbox"/> Change of Signers <input type="checkbox"/> Change of Owners			
TYPE OF CRB: <input type="checkbox"/> Direct (state licensed) <input type="checkbox"/> Indirect (non-licensed) <input type="checkbox"/> Other _____			
LICENSE TYPE(S): <input type="checkbox"/> Cultivation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Micro <input type="checkbox"/> Testing Lab <input type="checkbox"/> Distributor <input type="checkbox"/> Retail <input type="checkbox"/> Other <input type="checkbox"/> N/A			
OWNERSHIP TYPE: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> Other			
APPLICANT BUSINESS INFORMATION			
Business Name:		Business TIN:	
Business DBA:		Business E-mail:	
Business Physical Address:		Business Website:	
City, State, ZIP:			
Mailing Address:			
City, State, ZIP:			
Contact Name:	Title:	Phone:	
CRB ACCOUNT TYPES & SERVICE REQUESTS			
ACCOUNT TYPE(S): <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market			
SERVICE(S): <input type="checkbox"/> Online Banking <input type="checkbox"/> ACH Origination <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay <input type="checkbox"/> Business Debit Card			
AUTHORIZED SIGNORS			
You, the undersigned, certify that at a regularly held meeting, the following persons were, by resolution, designated as Authorized Signers on this account, and unless otherwise agreed to in writing, that by virtue of the authority vested in them by the constitution, bylaws, or otherwise, they, or any one of them, acting ALONE OR SEVERALLY, are authorized and empowered to transact business of any character whatsoever in connection with this account. You warrant that Mission Valley Bank (MVB) is entitled to rely on the authority of the Authorized Signers, and you will indemnify and hold MVB harmless against any loss, liability, or expense suffered or incurred by it in reliance on such authority. You certify that his/her/their authority shall continue in force until acceptable written notice to the contrary is received by us, and we have reasonable time to act upon the notice.			
AUTHORIZED SIGNER 1			
Full Name:		Codeword:	
Title:	SSN:	Birth Date:	
ID/Driver's License #:	State Issued:	Issued:	Expiration:
Physical Address:			
City, State, ZIP:			
Phone:	Work Phone:	E-mail:	
AUTHORIZED SIGNER 2			
Full Name:		Codeword:	
Title:	SSN:	Birth Date:	
ID/Driver's License #:	State Issued:	Issued:	Expiration:
Physical Address:			
City, State, ZIP:			
Phone:	Work Phone:	E-mail:	
AUTHORIZED SIGNER 3			
Full Name:		Codeword:	
Title:	SSN:	Birth Date:	
ID/Driver's License #:	State Issued:	Issued:	Expiration:
Physical Address:			
City, State, ZIP:			
Phone:	Work Phone:	E-mail:	



AUTHORIZED SIGNER 4

Full Name:		Codeword:	
Title:		SSN:	Birth Date:
ID/Driver's License #:	State Issued:	Issued:	Expiration:
Physical Address:			
City, State, ZIP:			
Phone:	Work Phone:	E-mail:	

AUTHORIZED SIGNER 5

Full Name:		Codeword:	
Title:		SSN:	Birth Date:
ID/Driver's License #:	State Issued:	Issued:	Expiration:
Physical Address:			
City, State, ZIP:			
Phone:	Work Phone:	E-mail:	

ACCOUNT PURPOSE

This account will be used for the following purposes: Payroll Taxes General Operations Expense

SOURCE OF REVENUE & FUNDS

Select all major revenue sources for your business that apply:

Direct CRB (licensed) proceeds Indirect CRB proceeds Owner(s) capital contributions Loan Proceeds
 Rental Property Royalties/Residuals Consulting Fees Other (describe)

Select all sources of funds to be deposited into your account that apply:

Cash on hand Cash through courier Check Incoming Wire Cashiers' check Money order ACH

MONTHLY EXPECTED ACTIVITY
(Enter a value for estimated monthly use)

Cash Deposits	\$	Cash Withdrawals	\$
Check Deposits	\$	Check Withdrawals	\$
ACH Deposits	\$	ACH Withdrawals	\$
Domestic Wire Deposits	\$	Domestic Wire Withdrawals	\$

OPERATIONS INFORMATION

Annual Income	\$	Annual Expenses	\$
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How long has your business been in operation? Length:

Do you currently have a cannabis related bank account at another financial institution?

Yes No If "Yes", name of FI:



Is any authorized signer, grantor or fiduciary, a Politically Exposed Persons (PEPs)? (PEPs are Senior Foreign Political Figure, foreign government official, or foreign military official or a foreign government owned entity, or related to / a close associate of a PEP)

Yes No **If "Yes"**, which Signer(s):

Do you receive or offer services that deal with convertible virtual currency, directly or indirectly? Yes No

Do you receive or offer services that deal with internet gambling, directly or indirectly? Yes No

Approximately how many employees do you have?

How do your customers pay your business (select all that apply):

Cash Check ACH Debit Card Credit Card 3rd Party Apps Gift Card

How does your business pay its vendors (check all that apply):

Cash Check ACH Wire Transfer 3rd Party Apps Digital Currency

Do you accept merchant processing payments? Yes No

If "Yes", include name of the Merchant Processor:

Do you use a Point of Sale (POS) system? Yes No

If "Yes", include name of the system provider:

Do You Utilize an Armored Courier Service? Yes No

If "Yes", include name of the Company:

Do you have an ATM located at your business? Yes No **Do you own the ATM(s)?** Yes No

If "Yes", who Services and Replenishes the ATM(s):



ACKNOWLEDGEMENTS

I/We apply for an account with Mission Valley Bank (MVB). My/Our use of any services will indicate acceptance of the terms and conditions of such services. I/We declare that the money to be deposited has not originated from any illicit activity. I/We agree that illegal use of any financial service will be deemed an action of default or breach of contract and my/our use of MVB products or services in a manner not permitted by law may cause those products or services to be terminated at MVB's discretion. I/We further agree, should illegal use occur, to waive any right to sue MVB for such illegal use or any activity directly or indirectly related to it. I/We agree to notify MVB if there are material business changes or ownership changes or the organization terminates or is dissolved, voluntarily or involuntarily. I/We certify that the information provided on this application is true and correct. MVB or its agents may, from time to time, make calls and send text messages to the telephone number associated with my account, including a wireless/mobile telephone number that could result in charges to me. These calls or text messages may include the use of pre-recorded/artificial voice messages and/or an automatic telephone dialing system. In addition, I/We may be contacted by way of an email address I/we provided. MVB may share my information with others only as needed to establish and maintain my account, to provide services requested, or as required by law. I/We agree to be bound to the terms and conditions and all account agreements, which have been provided to me/us, and which are incorporated into and made part of this Account Application as though they were set forth in length. I/We agree that MVB may charge against my/our account(s) any debt owed by me/us to MVB, now or in the future, without going through any legal process or court proceeding as allowed by law. MVB is authorized to and may access credit information concerning the company or authorized signers now and/or in the future and understands that my/our Application to establish an account will be verified through an account verification service and/or a credit reporting agency.

Authorized Signer 1	Date
Authorized Signer 2	Date
Authorized Signer 3	Date
Authorized Signer 4	Date
Authorized Signer 5	Date