

Dear client,

Thank you for your interest in being part of the Elite International Bank and giving us the opportunity to handle your banking needs. We realize your time is valuable, and in order to make the account opening process as simple as possible, we have prepared a welcome kit for you.

Below you will find a list of required documents needed to open your account. If you have any questions you can speak directly with you bank representative or you can call our branch at 787-523-9398 Monday through Friday from 9:00 a.m. to 5:00 p.m. Puerto Rico time.

U.S. Personal Account Documentation Requirements

- Complete Personal Customer Profile Form (PCPF).
- Provide one (1) form of an unexpired government-issued photo identification for each signer, POA and beneficiary.
- Complete original W-9 Form for each signer.
- Provide proof of permanent address such as a utility bill issued within the last ninety (90) days for each signer. For US persons, a Driver License can serve as proof of address as well.

NON-U.S. Personal Account Documentation Requirements

- Complete Personal Customer Profile Form (PCPF).
- Provide two (2) form of an unexpired government-issued photo identification for each signer, POA and beneficiary.
- Complete original W-8BEN Form for each signer.
- Provide proof of permanent address such as a utility bill issued within the last ninety (90) days for each signer. For Non-US persons, a country-specific document (i.e. RIF) may serve as proof of address at the Bank's discretion.
- For each signer choose one of the following documents to corroborate source of income:
 - 1. Tax Return or Personal Financial Statement (Most Recent)
 - 2. Bank Statement (last 3 months)
 - 3. Employer Reference Letter (include salary converted to USD)
- Bank Reference letter with average balance issued within the last 90 days for each signer.
- Proof of Tax ID document (i.e. RIF) for each signer, POA and beneficiary.



Customer Name: Date:

CIP Notice: To help the government fight the funding of terrorism and money laundering activities, financial institutions are required by Federal law to obtain, verify and record information that identifies each individual or entity that opens an account or requests credit. What this means for individuals: When an individual opens an account or requests credit, we will ask for their name, residence address, date of birth, tax identification number and other information that allows us to identify them. We may also ask to see a driver's license, passport or other identifying documents. What this means for other legal entities: When a corporation, partnership, trust or other legal entity opens an account or requests credit, we will ask for the entity's name, physical address, tax identification number and other information that will allow us to identify the entity. We may also ask to see other identifying documents, such as certified articles of incorporation, partnership agreements or a trust instrument.

CUSTOMER IDENTIFICATION INFORMATION

Full Name:				
Account Capacity:				
D/O/B / TIN:				
(1) ID# - Type/Country/				
Issued/Expired Date:				
(2) ID# - Type/Country/				
Issued/Expired Date:				
Physical Address <u>(NO PO BOX)</u> :				
Country of Residence/Citizenship:				
U.S. Status:	☐ US Citizen	☐ US Resident	☐ Non-Resident Alien	
Industry/Profession/				
# of Yrs:				
Employer/Title/Country:				
Annual Income/Primary Source:				
Net worth/Primary Source:				
Contact Phone #(s):				
Contact Email(s):				
Relationship to other signers if				
any:				
Full Name:				
Account Capacity:				
Account Capacity: D/O/B / TIN:				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date:				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date:				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date:				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX):				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship:	□ IIS Citizen	□ IIS Resident	□NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs: Employer/Title/Country:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs: Employer/Title/Country: Annual Income/Primary Source:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source: Contact Phone #(s):	☐ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source: Contact Phone #(s): Contact Email(s):	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired Date: (2) ID# - Type/Country/ Issued/Expired Date: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source: Contact Phone #(s):	□ US Citizen	☐ US Resident	□ NRA	



Customer Name:			Date:
☐ Checking Account	☐ Sa	avings Account	
Reason for opening an account at EIB and purpose of the account:			
Referred by:			
Initial Deposit:	!	Source/Method of I	nitial Deposit:
MONTHLY EXPECTED ACT	TIVITY (No R	anges; Round up)	
Transaction Type	Frequency	Dollar (\$) Amount	Additional Information (Country, Industry, Counterparties etc.)
Incoming Wire Transfers	1		
Outgoing Wire Transfers	T		
Internal Transfer Credits			
Internal Transfer Debits			
Check Deposits			
Checks Issued			

CUSTOMER DUE DILIGENCE

Describe each customer's background, education, work history, financial activities, industry and profession, sources of income and wealth, and any other financial or personal information that would be of assistance in understanding the customer's and account activities.



Customer Name:	:		Date:	
	PEP CERTI	FICATION AND CO	NDITIONS OF USE	
 Initials	-	gn political figures, o	eficiaries pertaining to the referenced account or immediate family members or close associate	
	Politically Exposed Person	Yes	No	
	military or judicial branches major foreign political party,	of a foreign governm or a senior executiv litical figure includes	cial in the executive, legislative, administrative ment (whether elected or not), a senior officia we of a foreign government-owned corporation is any corporation, business, or other entity th preign political figure.	l of a n. ²⁷⁰ In
	The "immediate family" of a siblings, spouse, children, an		cal figure typically includes the figure's parent	ts,
	to maintain an unusually clos	se relationship with t o conduct substantia	gure is a person who is widely and publicly kn the senior foreign political figure, and include al domestic and international financial transac	s a
Initials	documentation that corrobora additional information and/or by case basis, a transaction ma requested.	ates transfers and oth supporting documen ay not be processed v	ns, we require additional information and/or her account activity. Customer understands the ntation may be requested at any time, and on a without first receiving the documents being d the information provided in this form is true t	case
Initials	best of my knowledge.			
 Initials	I authorize Elite International Bank's Privacy Policy as preser	• •	ersonal information. I accept Elite Internationa at opening.	I
 Initials	accept the Bank's terms, cond understand that the account a by Elite International Bank pri	litions, disclosures, are and supporting docur or to the opening of a	pening of an account at Elite International Bank nd fees as presented to me at account opening. mentation provided is subject to review and app an account and submission of such information	. I also proval
Initials	accept the Bank's terms, cond understand that the account a	litions, disclosures, are and supporting docur or to the opening of a	nd fees as presented to me at account opening. mentation provided is subject to review and app an account and submission of such information	. I a prov



Customer Name:		Date:	
	ACCOUNT SIGNATURE	CARD	
Elite International Bank	Account Title:		
268 Ave Ponce de León STE 10	010		
San Juan, PR 00918			
Ownership of Account and Rig	ghts at Death		
$\hfill \square$ Single-Party Account with	Pay on Death		
☐ Multiple-Party Account wit	th Right of Survivorship		
☐ Multiple-Party Account wit	th Right of Survivorship and Pay on Dea	th	
POA:			
Beneficiaries:			
(1)			
Signature of Authorize	ed Signer	Full Name	
(2) Signature of Authorize	ed Signer	Full Name	
Signature of Authoriza	eu signei	Tun Nume	
Signature of Authorize	ed Signer	Full Name	
(4) of Authorize	ed Signer	Full Name	



Customer Name:	Date:
ELIT	E INTERNATIONAK BANK USE ONLY
HIGH RISK CUSTOMER TYPE:	
PEP Other O	N/A
Explain:	
EDD Required? \square Yes \square No If EDD required, please fill-out appropriate EDD	form and obtain requisite documentation per high risk customer type.
Initial Site Visit Describe meeting place, date, time, persons marketing material, business cards, etc. to	s that attended meeting and what topics were discussed. Attach any pictures, this Customer Profile Form.
l,	, have interviewed the customer.
<u>Follow-Up</u> (if necessary) □ N/A	
To the best of my knowledge, the informat	ion contained herein is accurate and complete.
Account Officer Signature	Account Officer Name Date