

1 - BUSINESS INFORMATION

Client Name _____

Business Description (e.g. industry, products/services, and geography of clients)

Website Address _____

Were you referred to us? No Yes – By Whom? (please provide name of the referring company & individual's name)**2 - BUSINESS LOCATIONS**

Primary Business Location (City/State, Country if not US) _____

Additional Business Locations (City/State, Country if not US) _____

3 - EXPECTED/ANTICIPATED FUNDING

Source of Initial Deposit (e.g.) VC Funding, Wire From Another Financial Institution _____

Primary Purpose of Account (e.g.) Operating, Payroll, Trust _____

4 - OWNERSHIP STRUCTURE Privately Owned Company VC Backed - No Yes – By Whom? _____ VC Firm/Fund/Private Equity Company Publicly Traded – Stock Ticker Symbol (US Market) _____

Notice: 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; an account includes deposit, transaction, or credit accounts. To review Silicon Valley Bank's New Account Disclosure please visit us at www.svb.com.

5 - EXPECTED/ANTICIPATE TRANSACTIONS

The US Government and other regulatory bodies require that banks establish an expected or anticipated transaction summary on its clients which provides sufficient information to be able to understand the types of transactions in which a client is likely to engage.

We are aware that initially much of this data may be estimates depending on the type, stage or nature of your business. Information provided on this form will not restrict or limit your access to bank services.

CASH TRANSACTIONS - Do you expect to do any Cash Only Transactions (Currency and Coin)?
 No Yes - please complete the following:

<p><u>For Cash Depositors</u> How often?</p> <p> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly On average, how much do you expect to deposit per transaction? </p> <p> <input type="checkbox"/> Up to \$5,000 <input type="checkbox"/> \$10,001 to \$20,000 <input type="checkbox"/> \$5,001 to \$10,000 <input type="checkbox"/> Over \$20,000 </p> <p>Source of Funds _____</p>	<p><u>For Cash Withdrawals</u> How often?</p> <p> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly On average, how much do you expect to deposit per transaction? </p> <p> <input type="checkbox"/> Up to \$5,000 <input type="checkbox"/> \$10,001 to \$20,000 <input type="checkbox"/> \$5,001 to \$10,000 <input type="checkbox"/> Over \$20,000 </p> <p>Purpose of Withdrawal _____</p>
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INTERNATIONAL WIRES - Do you expect to do any International Wires?
 No Yes - please complete the following:

<p><u>Incoming</u> List countries of origination</p> <p>_____</p> <p>_____</p> <p>Estimated <u>Annual</u> Volume (number of wires)</p> <p> <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> 400+ Avg \$ transaction amount per wire (in thousands) </p> <p> <input type="checkbox"/> <\$10k <input type="checkbox"/> \$11-\$50k <input type="checkbox"/> \$51-\$100k <input type="checkbox"/> \$100k+ </p> <p>Business Purpose</p> <p> <input type="checkbox"/> Customer Payments <input type="checkbox"/> Equity Investment <input type="checkbox"/> Other _____ </p>	<p><u>Outgoing</u> List countries of origination</p> <p>_____</p> <p>_____</p> <p>Estimated <u>Annual</u> Volume (number of wires)</p> <p> <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> 400+ Avg \$ transaction amount per wire (in thousands) </p> <p> <input type="checkbox"/> <\$10k <input type="checkbox"/> \$11-\$50k <input type="checkbox"/> \$51-\$100k <input type="checkbox"/> \$100k+ </p> <p>Business Purpose</p> <p> <input type="checkbox"/> Vendor Payments <input type="checkbox"/> Equity Investment <input type="checkbox"/> Other _____ </p>
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DOMESTIC WIRES - Do you expect to do any Domestic Wires?
 No Yes - please complete the following:

<p><u>Incoming</u></p> <p>Estimated <u>Annual</u> Volume (number of wires):</p> <p> <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> 400+ Avg \$ transaction amount per wire (in thousands) </p> <p> <input type="checkbox"/> <\$10k <input type="checkbox"/> \$11-\$50k <input type="checkbox"/> \$51-\$100k <input type="checkbox"/> \$100k+ </p>	<p><u>Outgoing</u></p> <p>Estimated <u>Annual</u> Volume (number of wires):</p> <p> <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-400 <input type="checkbox"/> 400+ Avg \$ transaction amount per wire (in thousands) </p> <p> <input type="checkbox"/> <\$10k <input type="checkbox"/> \$11-\$50k <input type="checkbox"/> \$51-\$100k <input type="checkbox"/> \$100k+ </p>
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INTERNATIONAL /TRADE FINANCE - Are you planning on doing any International/Trade Finance?
 No Yes - check all that apply:

- Documentary LCs
 Foreign Currency Accounts - List Currencies _____
 Other International Transactions – Describe country(ies) & Transactions _____

MONETARY INSTRUMENTS - Are you planning on using any of the following Monetary Instruments?
 No Yes - indicate frequency of estimated usage:

<u>Traveler's Checks</u> How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Infrequently Source of Funds: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Account	<u>Cashier's Checks</u> How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Infrequently Source of Funds: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Account
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6- BENEFICIAL OWNERS

The Bank is required to identify and document each beneficial owner who owns 25% or more in the company. If there are no owners with 25% or more ownership, the single largest beneficial owner(s) and percentage owned should be identified. **A Beneficial Owner is defined as the natural person(s) who ultimately owns or controls your company.** If you are unsure on how to complete this section please contact your SVB Relationship Manager for guidance.

- **Are you a Publicly Traded Company?** STOP. This information is not required.
- **Are you a VC or Private Equity Firm?** The beneficial owners shall mean "Principles". Note: % ownership is not required.
- **Are you a Privately Held Company?**
 - **If the beneficial owner(s) is/are individuals or VC/Private Equity Firms** - Please fill in the information below on those individuals or respective firms. If the VC/Private Equity firm is *foreign*, please provide information and documentation on the managing members. This information is generally not required on domestic VCs.
 - **If the beneficial owner is another privately held company** -We need additional information on the ownership of that company. *In addition to filling in the information below on your parent company*, we also need to fill in the information on the beneficial owner(s) of that parent (i.e., the individuals, corporation, etc. that owns your parent).

Information Required - For each business owner listed, please provide a physical address (no PO Boxes), along with the country of incorporation (if foreign). For individuals, provide a residential address and date of birth. For foreign persons, a passport number, the country of issuance and expiration date is also required.

BENEFICIAL OWNER 1:

Name _____

 Address _____

 Occupation/Nature of Business _____ % Ownership _____
If foreign entity: _____ **For Individuals:** _____
 Country of Incorporation _____ Date of Birth or SSN _____
Foreign Individuals:
 Passport # _____ Country of Issuance _____ Expiration Date _____

BENEFICIAL OWNER 2:

Name _____

Address _____

Occupation/Nature of Business _____ % Ownership _____

If foreign entity:**For Individuals:**

Country of Incorporation _____ Date of Birth or SSN _____

Foreign Individuals:

Passport # _____ Country of Issuance _____ Expiration Date _____

BENEFICIAL OWNER 3:

Name _____

Address _____

Occupation/Nature of Business _____ % Ownership _____

If foreign entity:**For Individuals:**

Country of Incorporation _____ Date of Birth or SSN _____

Foreign Individuals:

Passport # _____ Country of Issuance _____ Expiration Date _____

BENEFICIAL OWNER 4:

Name _____

Address _____

Occupation/Nature of Business _____ % Ownership _____

If foreign entity:**For Individuals:**

Country of Incorporation _____ Date of Birth or SSN _____

Foreign Individuals:

Passport # _____ Country of Issuance _____ Expiration Date _____

OTHER PRODUCTS/SERVICES DDA CD SAM Sweep MMA Cash Management SVBS Fixed Income NOW Remote Capture Repo