

Business/Organization Deposit Application

Section 1: Business/Organization Information

New Client Existing Client

Business/Organization Name: _____ Industry: _____

Doing Business As (DBA): _____ Tax ID Number: _____ NAICS Code: _____

Physical Address: _____

Mailing Address (if different from above): _____

Business Telephone: _____ Business Fax: _____

Email: _____ Website: _____

Organization Type (legal status): _____ Where does the business operate (City/State): _____

Is the organization wholly or partially owned or funded by the government or state (or a government-affiliated agency)? Yes No
 If "Yes," specify which government entity, how the business is funded, and the percentage of which the government owns:

Is the business a marijuana dispensary? Yes No

Is the business an internet gambling business? Yes No

Does the business engage in any of the following services/activities?

- Money Orders (sales/redeemed) Travelers Checks (sales/redeemed) Check Cashing
 Stored Value Cards (sales/redeemed) Funds Transfer Services/Money Transmitter

Is the business registered as a "Money Services Business?" Yes No If "Yes," specify: Federal Registration State Registration

Does the business own, lease or keep on-site an ATM or cash dispenser? Yes No If "Yes," please complete an ATM information sheet.

Section 2: Signer Information

Signer Name (1): _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Mother's Maiden Name: _____

ID 1 Type (and issuer): _____ ID 1 #: _____ ID 1 Issue Date: _____ ID 1 Exp. Date: _____

ID 2 Type (and issuer): _____ ID 2 #: _____ ID 2 Issue Date: _____ ID 2 Exp. Date: _____

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____ Work Telephone: _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

Section 2: Signer Information (Continued) Print copies of this page for additional signers

Acceptable Forms of Identification	ID 1 Type	ID 2 Type	
	State Issued Driver's License	Utility Bill	Insurance Card
	State Issued ID Card	Student ID Card	Firearm License
	Military ID	Social Security Card	Voter Registration Card
	Passport	Birth Certificate	Organization Membership Card
	U.S. Alien Registration Card	Credit Card	

Signer Name (2): _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Mother's Maiden Name: _____

ID 1 Type (and issuer): _____ ID 1 #: _____ ID 1 Issue Date: _____ ID 1 Exp. Date: _____

ID 2 Type (and issuer): _____ ID 2 #: _____ ID 2 Issue Date: _____ ID 2 Exp. Date: _____

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____ Work Telephone: _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

Signer Name (3): _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Mother's Maiden Name: _____

ID 1 Type (and issuer): _____ ID 1 #: _____ ID 1 Issue Date: _____ ID 1 Exp. Date: _____

ID 2 Type (and issuer): _____ ID 2 #: _____ ID 2 Issue Date: _____ ID 2 Exp. Date: _____

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____ Work Telephone: _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

Signer Name (4): _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Mother's Maiden Name: _____

ID 1 Type (and issuer): _____ ID 1 #: _____ ID 1 Issue Date: _____ ID 1 Exp. Date: _____

ID 2 Type (and issuer): _____ ID 2 #: _____ ID 2 Issue Date: _____ ID 2 Exp. Date: _____

Home Address: _____

Section 2: Signer Information (Continued)

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____ Work Telephone: _____

Is the signer a US Citizen? Yes No If "No," specify: Resident Alien Non-Resident Alien

Is the signer or a member of their immediate family a senior official in a foreign government (a Politically Exposed Person)? Yes No

If "Yes," specify the government, title and jurisdiction: _____

Section 3: Account Selection & Options

Please select the deposit account(s) you are interested in opening below.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Free Business Checking | <input type="checkbox"/> IOLTA/IOLA | <input type="checkbox"/> Union Interest Checking | <input type="checkbox"/> Business High-Yield Savings |
| <input type="checkbox"/> Custodial Checking | <input type="checkbox"/> Money Market | <input type="checkbox"/> Tailored Checking | <input type="checkbox"/> CD - CD Term(s): _____ |
| <input type="checkbox"/> Account Analysis Checking | <input type="checkbox"/> Statement Savings | <input type="checkbox"/> API Checking | |

Purpose of the account: _____ Alternate Title: _____

SERVICES

Please select the additional services you would like with your account(s). Some services require additional documentation. For more information, contact your relationship manager or our Customer Service Department via telephone at 800.242.0272 or via email at bankhelp@lendingclub.com.

- | | | |
|--|---|--|
| <input type="checkbox"/> Account Reconciliation* | <input type="checkbox"/> Combined Deposit Statements | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> ACH Services* | <input type="checkbox"/> eCapture2 Remittance Processing* | <input type="checkbox"/> Payroll Services |
| <input type="checkbox"/> ACH Debit Block/ACH Debit Filter* | <input type="checkbox"/> ePayment Solution | <input type="checkbox"/> Positive Pay* |
| <input type="checkbox"/> Bank-by-Mail Envelopes | <input type="checkbox"/> eStatements* | <input type="checkbox"/> Remote Deposit Capture* |
| <input type="checkbox"/> Bill Pay* | <input type="checkbox"/> Linked Protection | <input type="checkbox"/> Sweep Account (Non-Profit/Investment) |
| <input type="checkbox"/> Business Credit Card | <input type="checkbox"/> Merchant Services | <input type="checkbox"/> Wire Transfers* |
| <input type="checkbox"/> Business Debit or ATM Card | <input type="checkbox"/> Mobile Deposit* | <input type="checkbox"/> Zero Balance Account |
| <input type="checkbox"/> Checks | <input type="checkbox"/> Night Deposit Services | <input type="checkbox"/> Other: _____ |

*Online Banking required for this service. Some services require additional information, documentation and Bank approval.

Do you anticipate any international account activity (whether using wire transfer, ACH, or other)? Yes No

If "Yes," specify where, and the nature of the transfer: _____

Section 4: Anticipated Account Activity

Domestic Wire Transfers

Incoming Wires

Outgoing Wires

Estimated **domestic** monthly wire activity: Average dollar amount per month: _____
Average number of wires per month: _____

Preferred method for sending wire transfers: Online Banking* In Person *If Online Banking is selected, complete a Wire Transfers Agreement

Section 4: Anticipated Account Activity (Continued)

Funds Availability & Deposits

Average balance that will be maintained: <\$10,000 \$10,001-\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000
 \$500,001-\$1,000,000 >\$1,000,000

Average dollar amount of checks deposited to the account per month: <\$5,000 \$5,001-\$25,000 \$25,001-\$50,000
 \$25,001-\$50,000 \$50,001-\$100,000 <\$100,001

Average number of ACH credits posted to the account per month: 0 1-5 6-10 11-15 16-21

Average dollar amount of ACH credits posted to the account per month: <\$10,000 \$10,001-\$25,000 \$25,001-\$50,000
 \$50,001-\$100,000 >\$100,000

Average number of ACH debits posted to the account per month: 0 1-5 6-10 11-15 16-20 >21

Average dollar amount of ACH debits posted to the account per month: <\$10,000 \$10,001-\$25,000 \$25,001-\$50,000
 \$50,001-\$100,000 >\$100,000

Currency Needs

Will you be depositing cash? Yes No

If yes, what is the average dollar amount of cash deposits per month: <\$3,000 \$3,001-\$10,000 \$10,001-\$25,000
 \$25,001-\$50,000 \$50,001-\$100,000 >\$100,000

If yes, what is the average number of cash deposits made per month: 0 1-5 6-10 11-15 16-20 >21

Average dollar amount of cashed checks/withdrawals per month: <\$3,000 \$3,001-\$10,000 \$10,001-\$25,000
 \$25,001-\$50,000 \$50,001-\$100,000 >\$100,000

Average number of cashed checks/withdrawals per month: 0 1-5 6-10 11-15 16-20 >21

International Transactions

Is foreign activity anticipated? Yes No

Will you deposit foreign checks into the account? Yes No

Incoming Wires

Outgoing Wires

Estimated **international** monthly wire activity: Average dollar amount per month: _____

Average number of wires per month: _____

What is the purpose of foreign activity? _____

With whom are these foreign transactions conducted? _____

What countries are involved in this foreign activity? _____

Section 5: Signatures

By signing below, I hereby certify that the above information provided by me is true, complete and accurate, to the best of my knowledge and belief.

Signature (1)

Date

Signature (2)

Date

Thank you for completing LendingClub Bank's Business/Organization Deposit Application!

You may submit a completed application by returning this form to your relationship manager,
to our Seaport Financial Center, or by mail to:

LENDINGCLUB BANK, ATTN: CUSTOMER SERVICE DEPARTMENT, P.O. BOX 55063, BOSTON, MA 02205-5063

Notice: USA Patriot Act

Important information about procedures for opening or changing an account with LendingClub Bank

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or changes an existing account. This federal requirement applies to all new customers and current customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you: when you open an account or change an existing account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them. We will ask to see each person's driver's license and other identifying documents and copy or record information from each of them.

Business Account Verification Form

Account Opening Date: _____

Organization Type (Select one):

- Corporation
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Joint Venture
- General Partnership
- Sole Proprietorship
- Association
- Descendent's Estate
- Guardianship Estate
- Formal Trust
- Union Organization
- Municipality
- Other

Document Verification (Required): Attach copies of documentation.

Obtain a Corporate Resolution AND a copy of the corporation's Articles of Organization.

Obtain a Limited Liability Company Resolution AND a LLC Operating Agreement.

Obtain a Partnership Resolution AND a copy of the Partnership Agreement.

Written Agreement, AND appropriate resolution for each entity.

Obtain a Partnership Resolution AND a copy of letter from IRS assigning TIN, OR a Business license, OR a Doing Business As "DBA" name registration.

Obtain a Sole Proprietorship Resolution AND a copy of letter from IRS assigning TIN, OR a Business License, OR a Fictitious Doing Business As "DBA" name registration.

Obtain a Resolution of Lodge, Association or Other Similar Organization Resolution, AND a copy of the Association's by-laws.

Certified copy of court order naming the personal representative.

Certified copy of court order naming the personal representative.

Copy of Trust AND a Trust Resolution.

Obtain a Union Resolution AND a print out of the Department of Labor website verifying the Union-Organization's existence.

Obtain a Municipal Resolution AND a print out of the City or Town's website verifying the name of the Town/City Treasurer.

Signer Verification (Required):

Acceptable forms of identification are listed below. You must obtain at least two (2) forms of identification for each signer, one (1) of which must be a Primary I.D. Attach photocopies of each I.D.

Primary Identification

State Issued Driver's License
 State Issued I.D. Card
 Military I.D.
 Passport
 U.S. Alien Registration Card

Secondary Identification

Utility Bill
 Student I.D. Card
 Social Security Card
 Birth Certificate
 Insurance Card
 Organization Membership Card
 Firearm License
 Voter Registration Card

Credit Card (Photocopy not required)

SIGNER _____
 LAST FOUR DIGITS _____
 EXP. DATE _____
 ISSUER _____

SIGNER _____
 LAST FOUR DIGITS _____
 EXP. DATE _____
 ISSUER _____

Internal Account Codes (Required):

Account Type: _____ Account #: _____ Ownership Code: _____

Opening Deposit: \$ _____ Interest Rate: _____ Opening Source: _____

Agent / Officer: _____ Originating Branch #: _____ CIF #: _____

SIC/NAICS Code: _____ Business Credit Rating: _____

Credit Rating: (1) _____ (2) _____ (3) _____ (4) _____

Non-Documentary Verification (Required):

eFunds Back-up Attached: Yes No If "No," please provide the date of the last inquiry: _____

Opened by: _____ Teller #: _____

For Existing Clients Only

Additional account by an existing customer:

Executed/approved by LendingClub Bank Employee:

Employee Signature _____

(In the event that an existing client wishes to open an additional account and has an existing signature card, please attach a letter of instruction and sign)