

APPLICATION CHECKLIST BUSINESS LOAN

This Checklist has been provided to help you gather information to include with your application.

Your Loan Officer will help you determine the information you need to provide and answer any questions you may have.

Please return the following completed and signed Application forms to your Loan Officer.

- _____ Business Loan Application
- _____ Personal Financial Statement (*for each individual Borrower, Co-Borrower, Owner and Guarantor*)
- _____ New Deposit Account Business Information Form
- _____ New Deposit Account Signer Information Form

The following items must also be returned with the Application forms as applicable:

Corporations, LLC's and Partnerships – Please Provide the Following:

- Three years of Business Federal Tax Returns or accountant prepared Business Financial Statements including all schedules – signed and dated – if business owners are a partner/officer in any other venture, please provide those Financial Statements as well
- Most recent interim Financial Statements (if company prepares interim statements) – signed and dated
- Certificate of Incorporation (*Articles of Organization* and *Operating Agreement* for LLC/LLP)
- Partnership Agreements (*Partnerships*)
- Copy of Driver's License (For all owners/Guarantors)
- Trade Name Certificate (*Sole Proprietor, DBA*)
- Application Fee (if applicable)

Other Information:

- Copy of Purchase Order, Invoice or Estimate (*if purchasing equipment or vehicle*)
- Accounts Receivable and Accounts Payable Agings (*Quarterly/Monthly*)
- Inventory Schedules (*Quarterly/Monthly*)
- Business Plan
- Other

IN THE COURSE OF THE LENDER'S ANALYSIS, IF THE LENDER DETERMINES THAT ADDITIONAL INFORMATION IS NECESSARY TO GIVE PROPER CONSIDERATION TO THE REQUEST, THE LENDER WILL CONTACT YOU PROMPTLY. IF THE REQUESTED INFORMATION IS NOT RECEIVED WITHIN 30 DAYS, YOU WILL BE REQUIRED TO SUBMIT A NEW APPLICATION.

Thank you for applying with The First Bank of Greenwich.

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ FAX NO _____ E-MAIL _____

BUSINESS TYPE: PROPRIETORSHIP PARTNERSHIP CORP. LLC/LLP OTHER _____

TAX I.D. NO. _____ IN BUSINESS SINCE _____ NO. OF EMPLOYEES _____

TYPE OF BUSINESS _____

SERVICE OR PRODUCT BUSINESS PROVIDES _____

BUSINESS LOCATION: OWNED RENTED RESIDENCE

AMOUNT REQUESTED _____

TYPE(S) OF LOAN(S) APPLIED FOR : LINE OF CREDIT
 TERM LOAN, REPAID IN _____ YEARS (MAX. 5)
 COMMERCIAL MORTGAGE, REPAID IN _____ YEARS (MAX 20)
 OTHER _____

PURPOSE OF THE LOAN _____

SOURCE OF REPAYMENT _____

COLLATERAL (GIVE DESCRIPTION AND VALUE) _____

IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

BUSINESS INFORMATION

HAS THE BUSINESS EXPERIENCED ANY MANAGEMENT OR OWNERSHIP CHANGES IN THE LAST TWO YEARS? YES NO

IS THE BUSINESS CONTINGENTLY LIABLE AS ENDORSER, CO-MAKER OR GUARANTOR? YES If YES, AMOUNT \$ _____ NO

ARE ANY BUSINESS ASSETS PLEDGED OR ASSIGNED? YES NO

ARE MORE THAN 20% OF THE SALES TO ONE CUSTOMER? YES NO

ARE FEDERAL, STATE, REAL ESTATE OR EMPLOYEE WITHHOLDING TAXES PAST DUE FOR BUSINESS OR ITS OWNER? YES NO

HAS THE BUSINESS OR OWNER FILED BANKRUPTCY OR HAD SETTLEMENTS WITH CREDITORS? YES NO

IS THE BUSINESS OR OWNER CURRENTLY INVOLVED IN ANY LITIGATION OR OTHER LEGAL CLAIMS? YES NO

IS THE BUSINESS LIABLE ON ANY DEBTS NOT SHOWN ON THIS APPLICATION? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

ATTORNEY _____ PHONE No. _____ FAX No. _____ E-MAIL _____

ACCOUNTANT _____ PHONE No. _____ FAX No. _____ E-MAIL _____

INSURANCE AGENT _____ PHONE No. _____ FAX No. _____ E-MAIL _____

INS. COVERAGE - BLDGS. \$ _____ AUTO(S) \$ _____ EQUIP., ETC. \$ _____ LIABILITY INS. \$ _____

OTHER INSURANCE (DESCRIBE) _____

DATE OF LAST INDEPENDENT ANALYSIS OF INSURANCE: _____

BUSINESS OWNER(S)/GUARANTOR(S)

NAME _____ SOC. SEC. NO. _____ DATE OF BIRTH _____

ADDRESS AND ZIP CODE _____

POSITION/TITLE _____ OWNERSHIP % _____ ANNUAL COMPENSATION _____ OWNER SINCE (YEAR) _____

NAME _____ SOC. SEC. NO. _____ DATE OF BIRTH _____

ADDRESS AND ZIP CODE _____

POSITION/TITLE _____ OWNERSHIP % _____ ANNUAL COMPENSATION _____ OWNER SINCE (YEAR) _____

NAME _____ SOC. SEC. NO. _____ DATE OF BIRTH _____

ADDRESS AND ZIP CODE _____

POSITION/TITLE _____ OWNERSHIP % _____ ANNUAL COMPENSATION _____ OWNER SINCE (YEAR) _____

EXISTING FINANCIAL RELATIONSHIPS**BUSINESS TRADE REFERENCES: NAME 3 MAJOR SUPPLIERS.**

NAME	CONTACT	TELEPHONE NUMBER

BUSINESS LOANS ARE PAYABLE AS FOLLOWS:

LENDER AND ACCOUNT NUMBER	TYPE OF LOAN	ORIGINAL AMOUNT	OUTSTANDING BALANCE	MONTHLY PAYMENT	SECURED BY

BANKING RELATIONSHIP:IS THE FIRST BANK OF GREENWICH YOUR PRIMARY BANK? YES NO

THE FIRST BANK OF GREENWICH ACCOUNT NUMBER _____

BANK REFERENCES:LIST CHECKING & SAVINGS ACCOUNTS WITH BANKS, SAVINGS & LOANS,
FINANCE CO.'S, BROKERAGE FIRMS

FINANCIAL INST.	ACCOUNT NAME	ACCOUNT NUMBER	BALANCE

NAME AND ADDRESS OF LANDLORD _____

ANNUAL RENT \$ _____ LEASE EXPIRATION DATE _____

WE INVITE YOU TO REVIEW YOUR APPLICATION WITH A LOAN OFFICER TO DETERMINE IF ANY ADDITIONAL SUPPORT INFORMATION IS REQUIRED

ADDITIONAL COMMENTS (IF ANY)

The undersigned specifically acknowledge and agrees that: (1) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (2) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application; (3) the original copy of this application will be retained by the Lender, even if the loan is not approved; (4) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (5) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns, may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (6) ownership of the loan may be transferred to a successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to a successor or assign of the Lender with prior notice to me; and (7) that all expenses for legal fees, title examination, appraisal, and settlement or other charges of the loan are to be paid by the borrower.

Certification: I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

DATE

SIGNATURE TITLE

DATE

SIGNATURE TITLE

DATE

SIGNATURE TITLE

PERSONAL FINANCIAL STATEMENT

SUBMITTED TO THE FIRST BANK OF GREENWICH	DATE
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PERSONAL INFORMATION

APPLICANT (NAME)			CO-APPLICANT (NAME)		
HOME ADDRESS			HOME ADDRESS		
HOME PHONE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	HOME PHONE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH
EMPLOYER			EMPLOYER		
ADDRESS OF EMPLOYER			ADDRESS OF EMPLOYER		
BUSINESS PHONE NO.	NO. OF YEARS WITH EMPLOYER	TITLE/POSITION	BUSINESS PHONE NO.	NO. OF YEARS WITH EMPLOYER	TITLE/POSITION
NAME OF PREVIOUS EMPLOYER & POSITION (IF WITH CURRENT EMPLOYER LESS THAN 3 YRS.)		No. of Yrs.	NAME OF PREVIOUS EMPLOYER & POSITION (IF WITH CURRENT EMPLOYER LESS THAN 3 YRS.)		No. of Yrs.
NAME, PHONE NO. OF YOUR ACCOUNTANT			NAME, PHONE NO. OF YOUR ACCOUNTANT		
NAME, PHONE NO. OF YOUR ATTORNEY			NAME, PHONE NO. OF YOUR ATTORNEY		
NAME, PHONE NO. OF YOUR INVESTMENT ADVISOR/BROKER			NAME, PHONE NO. OF YOUR INVESTMENT ADVISOR/BROKER		
NAME, PHONE NO. OF YOUR INSURANCE ADVISOR			NAME, PHONE NO. OF YOUR INSURANCE ADVISOR		

SPACES LEFT UNFILLED WILL BE ASSUMED TO MEAN "NO" OR "NONE"

Cash Income & Expenditures Statement For Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME ▶	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES ▶	\$

Any significant changes expected in the next 12 months? Yes No (If yes, attach information).

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? Yes No
If yes, what year(s)? _____
- 2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
- 3. Have (either of) you ever defaulted on a personal loan, loan to your company, or loan in which you were a guarantor? Yes No
- 4. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
- 5. Number of dependents (excluding self) and relationship to applicant: _____
- 6. Have you ever had a financial plan prepared for you? Yes No
- 7. Did you include your most recent two years federal and state tax returns? Yes No
- 8. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No
If so, please indicate where, how much, and name of banker: _____

- 9. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____
- 10. Has any of your property been transferred to a trust? Yes No Is it revocable or irrevocable?
Who is/are the trustee(s): _____
- 11. Are any assets pledged other than as described on the schedules herein? Yes No
If so, please describe: _____

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce The First Bank of Greenwich (the "Bank") to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete.

Each of the undersigned agrees to notify the Bank immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained on this statement or (2) in the financial condition of the undersigned or (3) in the ability of any of the undersigned to perform their obligations to the Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable.

The Bank is authorized to make all inquiries deemed necessary to verify and reverify, from time to time, the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give the Bank any information it may have on the undersigned. Each of the undersigned authorizes the Bank to answer questions about your credit experience with the Bank.

As long as any obligation or guarantee of the undersigned to the Bank is outstanding, the undersigned shall supply annually an updated financial statement, personal tax returns or other information as the Bank may reasonably request from time to time. This personal financial statement and any other financial or other information shall become the property of the Bank.

Date Print Name

Signature (Individual)

Date Print Name

Signature (other party)
(if you are requesting the financial accommodation jointly)

SCHEDULE OF REAL ESTATE OWNED

BORROWER: _____

DATE: _____

No.	Property Address	Building Type	Building Size (Units & S/F)	Legal Owner (of Title)	Ownership (%)	Occupancy (%)	Revenue	Taxes & Expenses	Net Operating Income	Mortgage Balance	Mortgage Payment	Term	Interest Rate	Maturity Date
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
Total														

New Deposit Account Business Information Form

Business Name _____

Tax Identification Number _____

Date Established _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website/Email Address _____

Type of Business _____

Purpose of Account _____

Market Area _____

Anticipated Monthly Account Activity:

Cash Transactions "In" Range: \$ _____ to \$ _____

Cash Transactions "Out" Range: \$ _____ to \$ _____

Average Deposit Amount Range: \$ _____ to \$ _____

Average Check Amount Range: \$ _____ to \$ _____

Average ACH Transactions "In" Range: \$ _____ to \$ _____

Average ACH Transactions "Out" Range: \$ _____ to \$ _____

Average Domestic Wire "In" Range: \$ _____ to \$ _____

Average Domestic Wire "Out" Range: \$ _____ to \$ _____

Average Foreign Wire "In" Range: \$ _____ to \$ _____

Average Foreign Wire "Out" Range: \$ _____ to \$ _____

For Foreign Wires; List Countries _____

New Deposit Account Signer Information Form

In order to comply with Government Regulations including The USA PATRIOT Act, the Bank is asking that all the information below be completed by each signer on the account. Thank you for your cooperation in this matter and the information provided will be kept CONFIDENTIAL.

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

Home Address: _____
(can not be a PO Box) _____
Number of Years at Address: _____
Mailing Address: _____
(PO Box/Special Instructions) _____
E-Mail Address: _____

Phone Numbers:
Home Phone #: _____
Business Phone #: _____
Cell Phone #: _____

Employment Information:
Employer: _____
Employer address: _____
Occupation/Title: _____
Nature of Business: _____

Identification (**kindly provide a photocopy**):
Acceptable forms of ID include a Drivers License, US Passport, or US Military ID Card, NON-drivers license.

Type of ID – State/Country: _____
ID #: _____
Date of Issuance: _____
Date of Expiration: _____

Received by _____ Date _____

Agricultural/Business Loan
REGULATION B – Notice of Intent to Apply for Joint Credit

APPLICANT NAME: _____

Regulation B and the Equal Credit Opportunity Act requires that a lender obtain evidence of each loan applicant's intent to apply for joint credit. This applies to individual borrowers and guarantors. Please acknowledge intent below.

We intend to apply jointly for the obligations of the borrowing entity listed above. Our income and assets will be relied upon as a basis for repayment of the loan request or guaranty.

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

For Bank use only:

APPLICATION ID#: _____ APPLICATION DATE: _____

LIST LOAN NUMBER(S) ASSOCIATED WITH APPLICATION: _____

**31 CFR § 1010.230 CERTIFICATION REGARDING
BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS**

I. GENERAL INSTRUCTIONS

This is an optional form provided for your convenience. The required information may be provided in other formats. When completed, this form is provided to the financial institution where the account is opened. DO NOT SEND TO FinCEN.

Where may I obtain a copy of the form?

A copy (pdf) may be downloaded from the FinCEN website at www.fincen.gov under the “Filing Information” tab. The form may be completed on a computer using the free [Adobe Reader](#) software.

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity’s **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (*e.g.*, the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (*i.e.*, one individual under section (2) and four 25 percent equity holders under section (1))

a legal entity may have multiple “beneficial owners,” this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

New Account:

Existing Account:

Responsible Employee: _____

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account		2. First Name	3. Middle Initial
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here if no individual meets this definition and complete Section II.**

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name		17. First Name	18. M.I.	19. Date of birth <small>(MM/DD/YYYY)</small>
20. Address		21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		26a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

I, _____ (name of person opening account), agree it is the Legal Entities responsibility to notify the Bank if any of the above information provided changes.

Signature: _____

Date: _____

(MM/DD/YYYY)

Additional Section 1 - Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Additional Section 1 - Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

FACTS WHAT DOES THE FIRST BANK OF GREENWICH DO WITH YOUR PERSONAL INFORMATION

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and Account balances • Account transactions and Credit history • Payment history and Transaction or loss history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons The First Bank of Greenwich chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does The First Bank of Greenwich Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

What we do

How does The First Bank of Greenwich protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to customer information to those employees for whom that information is appropriate.</p>
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How does The First Bank of Greenwich collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • apply for a loan or deposit money • open an account or pay your bills • use your credit or debit card
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Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes - information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you
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Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none">• <i>The First Bank of Greenwich has no affiliates.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none">• <i>The First Bank of Greenwich does not share with nonaffiliates so they can market to you.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none">• <i>The First Bank of Greenwich does not jointly market.</i>

Other important information

Please notify us if we report any inaccurate information about your account(s) to a consumer reporting agency. Your written notice describing the specifics of any inaccuracies should be sent to us at the following address:
The First Bank of Greenwich, 444 East Putnam Avenue, Cos Cob, CT 06807.

Questions?	Call (203) 629-8400 or go to www.greenwichfirst.com
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**MEMBER
FDIC**