



Business Account Application/CIP

Attn: New Accounts

PLEASE PRINT CLEARLY

Business Name: _____

Business is Native – Tribe _____ Non-Native

Type of Entity: Association/Cooperative Corporation Governmental Unit
 Limited Liability Company Partnership/LLP/LLLP Sole Proprietorship
 Trust Other _____

Tax ID Number/EIN: _____ Non-profit

Describe Business: _____

Markets Served: _____

Physical Address/ Location: _____

Mailing Address: _____

Business Phone#: _____

Secondary Phone#: _____

E-mail Address: _____

Signer 1: _____
Full Name (PRINT) SSN DOB

Signer 2: _____
Full Name (PRINT) SSN DOB

Signer 3: _____
Full Name (PRINT) SSN DOB

Number of Signatures Required: _____ Attached separate sheet for additional signers.

I/we would like the following (please check all that apply):

- Business Checking Small Business Checking Analysis Checking Interest Checking *
- Non-Profit Checking * Business Savings Premium Savings Money Market
- CD (complete addendum) Visa Debit Card(s) Online Banking Other _____

* Restrictions Apply.

Upon receipt of your completed Business Account Application/CIP, NAB will send to you a new account packet with the signature card(s), account documents and disclosures required to open an account.

Send the new account packet:

- By FAX – Fax Number: _____
- By Mail to the Address Above.
- By E-mail – E-mail Address: _____

Return this application/CIP:

By Fax: 720-963-5540

By Mail: Native American Bank
999 18th St., Ste. 2460
Denver, CO 80202



Certificate of Deposit Addendum

Attn: New Accounts

PLEASE PRINT CLEARLY (INCLUDE WITH ACCOUNT APPLICATION/CIP)

Account Holder(s): _____

Contact Name (if business account): _____

Phone#: _____ Email Address: _____

Deposit Amount: \$ _____ (Minimum \$1,000.00)	
Term: <input type="checkbox"/> 3 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> Other * _____	Rate: _____ % * Contact NAB for current rates.
Interest Compounding/Payment Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly (Default) <input type="checkbox"/> Monthly (\$10,000 minimum deposit)	Interest Payment Method: <input type="checkbox"/> Credit to CD (Default) <input type="checkbox"/> By Check <input type="checkbox"/> Credit to NAB Account: _____

* **The rate and any special term must be approved by a NAB representative. Current rates are subject to change at any time.**

Automatic Renewal Policy. This account will automatically renew on each maturity date for an identical period of time as the original deposit term, unless written instruction is received from the account holder. Interest on renewed accounts will be calculated at the interest rate then in effect for time deposits for that deposit amount and term. Notification to deposit/withdraw funds and/or change account terms must be received no later than the end of the 10 day grace period after the maturity date.

Early Withdrawal Policy. Any withdrawal of all or part of the funds from this account prior to maturity may result in an early withdrawal penalty, which could reduce principal.

Please return this addendum with your Account Application/CIP to Native American Bank (see application for instructions). Mail your check or send funds by wire transfer to:

Native American Bank
 999 18th St., Ste. 2460
 Denver, CO 80202

ABA Routing Number: 092901625
 Account Number: 36403001

Upon receipt of your Account Application/CIP, CD Addendum and funds, NAB will send to you a new account packet with the signature card, disclosures and request for documents required to open an account.

Bank Use	
Date Funds Received:	Maturity Date:
Port #:	Account #