



BANK DEPOSITOR AGREEMENT ( SIGNATURE CARD )  
BUSINESS DEPOSIT ACCOUNTS

ACCOUNT TITLE: \_\_\_\_\_  
PERMANENT ADDRESS: \_\_\_\_\_  
CURRENT MAILING ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER	EFFECTIVE DATE	OPENED BY	REVIEWED BY	APPROVED BY
1.				
2.				
3.				

KIND OF ACCOUNT: ☐ CHECKING ☐ SAVINGS ☐ TIME DEPOSIT ☐ IBF DEPOSIT  
STATEMENT PREFERENCE : ☐ MAIL ☐ WILL CALL

**Depositor Agreement:**  
The organization named below ("Organization") agrees that the deposit account(s) it opens with Bank now or hereafter, as listed on the Agreement, is / are to be governed by this Agreement, the terms and conditions of Bank's disclosure brochure, and Bank's schedule(s) of fees and charges, as these may be amended by Bank from time to time on reasonable notice; that the brochure and schedule(s) have been received; and that the Sole Proprietor, or the Contracting Officer(s) named below, acting in the number designated, may establish such account(s) and designate the individual(s) authorized to sign thereon, on such terms as may be agreed upon with Bank.

BY SIGNING THIS AGREEMENT , THIS ORGANIZATION IS DELIBERATELY AND INTENTIONALLY GIVING UP THE RIGHT TO A JURY TRIAL AND AGREEING TO THE ALTERNATIVE DISPUTE RESOLUTION PROCEDURES DESCRIBED IN YOUR DISCLOSURE BROCHURE.

TAX CERTIFICATION

Taxpayer Identification Number: \_\_\_\_\_

☐ Use the Employer Identification Number    or    ☐ Use the Social Security Number

Name of person or entity whose T.I.N. is listed above:

Certification instructions-You must cross out item (2) below if you have been notified by the internal Revenue Service (IRS) that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Certification-Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me ),

(2) I am not subject to backup withholding, either because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including a U.S. resident alien).

☐ If you are a foreign person, corporation, partnership, estate, or trust, please check this box and provide us with the appropriate IRS Form W-8 ( i.e., W-8BEN, W-8ECI, W-8EXP, or W-8IMY ).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

NOT INSURED BY FDIC

BANK DEPOSITOR AGREEMENT ( SIGNATURE CARD )

ACCOUNT TITLE: \_\_\_\_\_

Business information ( Complete appropriate section)

SOLE PROPRIETORSHIP Date :

The undersigned is doing business under the trade name of: \_\_\_\_\_

(Name of your proprietorship) and agrees to the Agreement above.

Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_

ID No. \_\_\_\_\_ ID No. \_\_\_\_\_

(check one) ☐ LIMITED LIABILITY COMPANY Date :

☐ PARTNERSHIP (Includes a general, limited, or limited liability partnership) / JOINT VENTURE

Name of Organization: \_\_\_\_\_ Doing Business As : \_\_\_\_\_

The undersigned hold(s) the position(s) described below and is/ are authorized to make this certification for the Organization. If the Organization is a Partnership, a Limited Partnership, a Limited Liability Partnership, or a Joint Venture, the undersigned is the sole/are all of the general partner(s)/joint venturers. If the Organization is a Limited liability Company, the undersigned are all of the Members of the Organization or has/have been designated, pursuant to its Articles of Organization and/or its Operating Agreement, as its only Manager(s). Each of the undersigned, acting alone, may open account(s) and designate the individual(s) authorized to sign thereon.

Contracting Officer(s) (general Partner(s)/Joint Venturers/Members/Manager(s)):

Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_

ID No. \_\_\_\_\_ TIN \_\_\_\_\_

ID No. \_\_\_\_\_

Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_

ID No. \_\_\_\_\_ TIN \_\_\_\_\_

ID No. \_\_\_\_\_

(check one) ☐ CORPORATION ☐ ASSOCIATION (includes a lodge or club) Date :

Name of Organization: \_\_\_\_\_ Doing Business As : \_\_\_\_\_

RESOLVED, that this organization open an account or accounts with Bank and that the President, Secretary , Treasurer, Vice President, Assistant Secretary or assistant Treasurer, any two acting together ("Contracting Officers"), are hereby authorized to establish such accounts upon such terms as shall be agreed upon by the Contracting Officers with Bank.

Contracting Officer(s):

Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_

ID No. \_\_\_\_\_ TIN \_\_\_\_\_

ID No. \_\_\_\_\_

Type or Print Name \_\_\_\_\_ Signature \_\_\_\_\_

ID No. \_\_\_\_\_ TIN \_\_\_\_\_

ID No. \_\_\_\_\_

Resolved further, that the individuals whose signatures appear on this Agreement, acting in such number as the Contracting Officers shall direct, are authorized to withdraw funds from any such account in any manner.The undersigned hereby certifies that the foregoing resolutions were duly adopted by the governing body of this organization and are in effect ; that all signatures or initials appearing on this Agreement are those of the persons authorized in accordance with the resolutions; and that the Depositor Agreement is the binding obligation of the organization.

Signature \_\_\_\_\_ Secretary

Check this box ☐ if you are a nonprofit organization operated for religious,charitable, educational or other similar purposes .

SIGNATURE(S) ( Sign in black ink) TYPED NAME AND TITLE

\_\_\_\_\_ Signing instructions :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(LINE OUT UNUSED SPACES)

Total numbers of signature(s): \_\_\_\_\_

No. of signatures required (to withdraw): \_\_\_\_\_ Date: \_\_\_\_\_

DATE OPENED	AMOUNT \$		
DATE CLOSED	AMOUNT \$	CLOSED BY	REASON

## CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽！

<b>Customer Information 客戶基本資料</b>		
Full Legal Name of Business / Legal Entity In English and/or Chinese, if any 英文名稱及中文名稱(若有)		
<b>Legal structure 法人類型</b>		
<input type="checkbox"/> Government – Embassy 台灣駐外大使館 <input type="checkbox"/> Government – Representative Office and its subsidiaries 台灣駐外代表處及其附設辦事處 <input type="checkbox"/> Government – Agricultural, Technical, Medical Missions/Projects or Others 台灣農業、技術、醫療使節團/專案等或其他政府機關 <input type="checkbox"/> Association 協會 <input type="checkbox"/> Non-bank Financial institution 非銀行金融機構 <input type="checkbox"/> Corporation/Incorporation 企業 <input type="checkbox"/> Foundation 基金會	<input type="checkbox"/> Limited Liability Partnership (LLP) 有限責任合夥公司 <input type="checkbox"/> Liability Partnership (LP) 責任合夥公司 <input type="checkbox"/> Limited Liability Company (LLC) 有限責任公司 <input type="checkbox"/> Non-Profit Organization / Non-Government Organization (NPO/NGO) 非政府/非營利組織 <input type="checkbox"/> Pension Plan 退休金計畫 <input type="checkbox"/> Sole Proprietorship 獨資公司 <input type="checkbox"/> Trust/Investment company 信託/投資公司 <input type="checkbox"/> Others(Please specify) 其他(請敘明) _____	
<b>Entity Type 法人型態</b>		
<input type="checkbox"/> Taiwan Government 台灣政府機關 <input type="checkbox"/> Domestic Corporation 美國企業 <input type="checkbox"/> Foreign Corporation 外國企業 <input type="checkbox"/> Domestic Correspondent Bank 美國銀行	<input type="checkbox"/> Foreign Correspondent Bank 外國銀行 <input type="checkbox"/> Domestic Trust/Investment Corporation 美國信託/投資公司 <input type="checkbox"/> Foreign Trust/Investment Corporation 外國信託/投資公司 <input type="checkbox"/> Others(Please specify) 其他(請敘明) _____	
<b>Registration Number 註冊號碼</b>		
<input type="checkbox"/> Certificate of Incorporation 公司註冊證件/經濟部公司設立核准函 <input type="checkbox"/> Business Registration Certificate 營利事業登記證 <input type="checkbox"/> Legal Registration Number 法人登記案號 <input type="checkbox"/> Other 其他 _____	NO. 號碼 _____ NO. 號碼 _____ NO. 號碼 _____ NO. 號碼 _____	
Country of Registration 註冊國	Date of Incorporation 成立日期 _____/_____/_____ 月 Month / 日 Day / 年 Year	Amount of capital, if available 註冊資本額,如有 _____ Currency 幣別 Amount(in thousand) 金額(仟元)
Registered Address 註冊地址		
Operating Address/Office Address 營運/辦公室地址		
Mailing Address: Paper statement and other notices will be sent to mailing Address. 通訊地址: 寄發紙本對帳單及其他通知使用。		
<input type="checkbox"/> Same as registered address 同註冊地址 <input type="checkbox"/> Other 其他:	<input type="checkbox"/> Same as operating/office address 同營運/辦公室地址	

**CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)**

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以 英文 填寫此表格，若有任何更正請於旁邊簡簽！

Number of Employees 僱員人數	Office Telephone No. 辦公室電話號碼	Office Fax No. 辦公室傳真號碼		
	_____ - _____ - _____	_____ - _____ - _____		
<b>Primary Contact Information 主要聯絡人及聯絡方式</b>				
Name 姓名: _____ Tel 電話: _____ EXT. _____				
EMAIL: _____				
<b>Secondary Contact Information, if applicable 主要聯絡人及聯絡方式</b>				
Name 姓名: _____ Tel 電話: _____ EXT. _____				
EMAIL: _____				
<b>Official Website, If any 官方網站，若有:</b>				
<b>Business Information:</b>				
Nature of Business/Industry 產業類型		Category of Product(s) or Service(s) 主要商品或服務類別		
Country of Major Suppliers 主要供應商所在國		Sales Target Market 主要銷售國家		
<b>Annual Business Revenue 年度營業額</b>				
USD Amount (per year) 金額: _____ 美金(仟元)				
<b>Authorized Signers on the Account</b>				
Authorized Signer's Name:		Tax ID Number:		
Position:	Type of Document	ID/Account No.	Date/Place of Issuance	Expiration
	<input type="checkbox"/> Driver's License	_____	_____	_____
Date of Birth/Citizenship:	<input type="checkbox"/> Passport	_____	_____	_____
	<input type="checkbox"/> Other: _____	_____	_____	_____
Permanent Residence Address (no P.O. Boxes):				
Authorized Signer's Name:		Tax ID Number:		
Position:	Type of Document	ID/Account No.	Date/Place of Issuance	Expiration
	<input type="checkbox"/> Driver's License	_____	_____	_____
Date of Birth/Citizenship:	<input type="checkbox"/> Passport	_____	_____	_____
	<input type="checkbox"/> Other: _____	_____	_____	_____
Permanent Residence Address (no P.O. Boxes):				
Authorized Signer's Name:		Tax ID Number:		
Position:	Type of Document	ID/Account No.	Date/Place of Issuance	Expiration
	<input type="checkbox"/> Driver's License	_____	_____	_____
Date of Birth/Citizenship:	<input type="checkbox"/> Passport	_____	_____	_____
	<input type="checkbox"/> Other: _____	_____	_____	_____
Permanent Residence Address (no P.O. Boxes):				

## CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽！

<b>Politically Exposed Persons (PEPs)</b>		
Do any of the business owners, board members, executives, principals or authorized signers for this business entity hold a high ranking position in a public office or serve in a politically-involved role in Taiwan's or another foreign government?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please specify and complete a <u>Politically Exposed Person (PEP) Information Form</u> .		
Name of PEP and position: _____		
<b>Name and Country of Parent Company/shareholding ratio (if any)</b> 母公司名稱與所在國/母公司持股比例(如有)		
Parent Company's Name in English and/or Chinese 母公司英文/中文名稱: _____		
Country of Parent Company 母公司所在國: _____	Owned ratio by parent company 母公司持股比例: <input type="checkbox"/> 100% wholly owned 完全持有 <input type="checkbox"/> Others, Please specify 其他，請敘明: _____ %	
<b>Approximate number of owners 股東人數</b>		
<input type="checkbox"/> Not applicable (ex: publicly traded company in U.S.A. or foreign countries) 不適用(如美國或外國之上市公司)		
<input type="checkbox"/> 1-4 owners (名)	<input type="checkbox"/> 5-10 owners (名)	<input type="checkbox"/> 11-50 owners (名)
<input type="checkbox"/> 51-100 owners (名)	<input type="checkbox"/> >100 owners (名)	
<b>Funds and Transactions Information 帳戶交易資料</b>		
<b>Purpose of this Account (Please check all kinds of anticipated activities)</b> 開戶用途(請勾選此帳戶所有可能用途)		
<input type="checkbox"/> Savings 儲蓄	<input type="checkbox"/> For Transaction of good(s) / service(s) 商品/服務交易	
<input type="checkbox"/> Foreign Affairs Usage 外交用途	<input type="checkbox"/> Office expenses 辦公室開支	<input type="checkbox"/> Line of credit 貸款需求
<input type="checkbox"/> Loan Repayment 貸款還款	<input type="checkbox"/> Retirement Investments 員工退休福利	<input type="checkbox"/> Payroll 薪酬支出
<input type="checkbox"/> Investment 投資 (please specify 請敘明): _____		
<input type="checkbox"/> Transactions 交易需求 (please specify 請敘明): _____		
<input type="checkbox"/> Others 其他 (please specify 請敘明): _____		
<b>Estimated Average Monthly Volumes of Each Type of Transactions 預期每月平均交易量及交易類型</b>		
1. Domestic incoming wire transfers 由美國境內其他銀行匯入	No. of counts 筆數: <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-300 <input type="checkbox"/> Other (please state range and the rationale) _____	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 250,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-2,500,000 <input type="checkbox"/> 2,500,001-5,000,000 <input type="checkbox"/> 5,000,001-10,000,000 <input type="checkbox"/> 10,000,001-25,000,000 <input type="checkbox"/> Other (please state the range and the rationale) _____
2. International incoming wire transfers 國際電匯匯入款	No. of counts 筆數: <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-300 <input type="checkbox"/> Other (please state range and the rationale) _____	Total USD amount 美金總金額(元): <input type="checkbox"/> 1-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 250,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-2,500,000 <input type="checkbox"/> 2,500,001-5,000,000 <input type="checkbox"/> 5,000,001-10,000,000 <input type="checkbox"/> 10,000,001-25,000,000
<input type="checkbox"/> None 無此交易		

**CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)**

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以 英文 填寫此表格，若有任何更正請於旁邊簡簽！

<p>_____</p>	<input type="checkbox"/> Other (please state the range and the rationale) <p>_____</p>	
<p>Anticipated Country of Origin of Remittance Fund (Please list all if more than one) 預期主要匯入款資金來源國家 (可填多國)</p> <p>_____</p>		
<p><b>3. Domestic outgoing wire transfers</b> 匯出至美國境內其他銀行</p> <p><input type="checkbox"/> None 無此交易</p>	<p>No. of counts 筆數:</p> <p><input type="checkbox"/> 1-25    <input type="checkbox"/> 26-50</p> <p><input type="checkbox"/> 51-100    <input type="checkbox"/> 101-150</p> <p><input type="checkbox"/> 151-200    <input type="checkbox"/> 201-250</p> <p><input type="checkbox"/> 251-300</p> <p><input type="checkbox"/> Other (please state range and the rationale) _____</p>	<p>Total USD amount 美金總金額(元):</p> <p><input type="checkbox"/> 1-25,000    <input type="checkbox"/> 25,001-50,000    <input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> 100,001-250,000    <input type="checkbox"/> 250,001-500,000</p> <p><input type="checkbox"/> 500,001-1,000,000    <input type="checkbox"/> 1,000,001-2,500,000</p> <p><input type="checkbox"/> 2,500,001-5,000,000    <input type="checkbox"/> 5,000,001-10,000,000</p> <p><input type="checkbox"/> 10,000,001-25,000,000</p> <p><input type="checkbox"/> Other (please state the range and the rationale) _____</p>
<p><b>4. International outgoing wire transfers</b> 國際電匯匯出款</p> <p><input type="checkbox"/> None 無此交易</p>	<p>No. of counts 筆數:</p> <p><input type="checkbox"/> 1-25    <input type="checkbox"/> 26-50</p> <p><input type="checkbox"/> 51-100    <input type="checkbox"/> 101-150</p> <p><input type="checkbox"/> 151-200    <input type="checkbox"/> 201-250</p> <p><input type="checkbox"/> 251-300</p> <p><input type="checkbox"/> Other (please state range and the rationale) _____</p>	<p>Total USD amount 美金總金額(元):</p> <p><input type="checkbox"/> 1-25,000    <input type="checkbox"/> 25,001-50,000    <input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> 100,001-250,000    <input type="checkbox"/> 250,001-500,000</p> <p><input type="checkbox"/> 500,001-1,000,000    <input type="checkbox"/> 1,000,001-2,500,000</p> <p><input type="checkbox"/> 2,500,001-5,000,000    <input type="checkbox"/> 5,000,001-10,000,000</p> <p><input type="checkbox"/> 10,000,001-25,000,000</p> <p><input type="checkbox"/> Other (please state the range and the rationale) _____</p>
<p>Anticipated country of Beneficiary of Remittance Fund (Please list all if more than one) 預期主要匯出款資金受款國家 (可填多國)</p> <p>_____</p>		
<p><b>5. Cash deposits 現金存入</b></p> <p><input type="checkbox"/> None 無此交易</p>	<p>No. of counts 筆數:</p> <p><input type="checkbox"/> 1-25    <input type="checkbox"/> 26-50</p> <p><input type="checkbox"/> 51-100    <input type="checkbox"/> 101-150</p> <p><input type="checkbox"/> 151-200    <input type="checkbox"/> 201-250</p> <p><input type="checkbox"/> 251-300</p> <p><input type="checkbox"/> Other (please state range and the rationale) _____</p>	<p>Total USD amount 美金總金額(元):</p> <p><input type="checkbox"/> 1-25,000    <input type="checkbox"/> 25,001-50,000    <input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> 100,001-250,000    <input type="checkbox"/> 250,001-500,000</p> <p><input type="checkbox"/> 500,001-1,000,000    <input type="checkbox"/> 1,000,001-2,500,000</p> <p><input type="checkbox"/> 2,500,001-5,000,000    <input type="checkbox"/> 5,000,001-10,000,000</p> <p><input type="checkbox"/> 10,000,001-25,000,000</p> <p><input type="checkbox"/> Other (please state the range and the rationale) _____</p>
<p><b>6. Cash withdrawals 現金提領</b></p> <p><input type="checkbox"/> None 無此交易</p>	<p>No. of counts 筆數:</p> <p><input type="checkbox"/> 1-25    <input type="checkbox"/> 26-50</p> <p><input type="checkbox"/> 51-100    <input type="checkbox"/> 101-150</p> <p><input type="checkbox"/> 151-200    <input type="checkbox"/> 201-250</p> <p><input type="checkbox"/> 251-300</p> <p><input type="checkbox"/> Other (please state range and the rationale) _____</p>	<p>Total USD amount 美金總金額(元):</p> <p><input type="checkbox"/> 1-25,000    <input type="checkbox"/> 25,001-50,000    <input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> 100,001-250,000    <input type="checkbox"/> 250,001-500,000</p> <p><input type="checkbox"/> 500,001-1,000,000    <input type="checkbox"/> 1,000,001-2,500,000</p> <p><input type="checkbox"/> 2,500,001-5,000,000    <input type="checkbox"/> 5,000,001-10,000,000</p> <p><input type="checkbox"/> 10,000,001-25,000,000</p> <p><input type="checkbox"/> Other (please state the range and the rationale) _____</p>

**CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)**

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以 英文 填寫此表格，若有任何更正請於旁邊簡簽！

<b>7. Checks deposits</b> 一般支票/銀行本票/匯票等 票據存入 <input type="checkbox"/> None 無此交易	<b>No. of counts 筆數:</b> <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-300 <input type="checkbox"/> Other (please state range and the rationale) _____	<b>Total USD amount 美金總金額(元):</b> <input type="checkbox"/> 1-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 250,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-2,500,000 <input type="checkbox"/> 2,500,001-5,000,000 <input type="checkbox"/> 5,000,001-10,000,000 <input type="checkbox"/> 10,000,001-25,000,000 <input type="checkbox"/> Other (please state the range and the rationale) _____
<b>8. Checks issuance</b> 票據簽發 <input type="checkbox"/> None 無此交易	<b>No. of counts 筆數:</b> <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-300 <input type="checkbox"/> Other (please state range and the rationale) _____	<b>Total USD amount 美金總金額(元):</b> <input type="checkbox"/> 1-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 250,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-2,500,000 <input type="checkbox"/> 2,500,001-5,000,000 <input type="checkbox"/> 5,000,001-10,000,000 <input type="checkbox"/> 10,000,001-25,000,000 <input type="checkbox"/> Other (please state the range and the rationale) _____
<b>9. Domestic ACH Transactions</b> 美國境內授權代收/代付交易 <input type="checkbox"/> None 無此交易	<b>No. of counts 筆數:</b> <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-300 <input type="checkbox"/> Other (please state range and the rationale) _____	<b>Total USD amount 美金總金額(元):</b> <input type="checkbox"/> 1-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 250,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-2,500,000 <input type="checkbox"/> 2,500,001-5,000,000 <input type="checkbox"/> 5,000,001-10,000,000 <input type="checkbox"/> 10,000,001-25,000,000 <input type="checkbox"/> Other (please state the range and the rationale) _____
<b>10. International ACH Transactions</b> 跨國授權代收/代付交易 <input type="checkbox"/> None 無此交易	<b>No. of counts 筆數:</b> <input type="checkbox"/> 1-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-300 <input type="checkbox"/> Other (please state range and the rationale) _____	<b>Total USD amount 美金總金額(元):</b> <input type="checkbox"/> 1-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-250,000 <input type="checkbox"/> 250,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-2,500,000 <input type="checkbox"/> 2,500,001-5,000,000 <input type="checkbox"/> 5,000,001-10,000,000 <input type="checkbox"/> 10,000,001-25,000,000 <input type="checkbox"/> Other (please state the range and the rationale) _____
<b>11. Other Transactions 其他交易</b> Please specify the transaction type, volume and counterparty's information 請列明交易類型，交易筆數和金額，以及交易對方的國別等信息。 _____ _____		
<b>Regulation GG and Marijuana Business Certification</b>		
<input type="checkbox"/>	<b>Unlawful Internet Gambling Enforcement Act (Regulation GG) and Marijuana Business Certification Provided</b>	<b>Date</b> _____



**CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)**

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以英文填寫此表格，若有任何更正請於旁邊簡簽！

**Means of Collecting Account Statement. Choose Either One 收取對帳單方式,請擇一選取**

- ☐ **PAPERLESS (REQUEST TO STOP SENDING ACCOUNT STATEMENT BY MAIL),**  
Statement to be transmitted to Email Address. 不需要再接獲紙本對帳單，並請將對帳單寄至電子郵件信箱。

**Authorization to Send Monthly Statement via E-Mail**

By this notice, I hereby authorize Mega International Commercial Bank, Los Angeles Branch to send my monthly account statement via e-mail to me.

I am aware that all banking institutions are normally using mail delivery to send monthly account statement to their customers. As I need to expedite the receipt of account statement for my convenience, your Branch is requested to send my monthly account statement via e-mail to me after the closing date of each month or quarterly, if no transactions occurred or whenever individual request arise. For this purpose, I am responsible to provide a correct e-mail address for my own account (one e-mail address for multiple account statements is not permitted). I understand that I will receive the said statement on a monthly basis or will assign an in charge person to receive the statement on my behalf. Your Branch will be noticed in writing if I wish to stop the delivery of statements via email or if I suspect that the security for the e-mail communication has been compromised.

I understand that there is potential risk that my account activity information might be exposed or intercepted via the e-mail communication. I therefore indemnify your Branch from any liabilities arising from this e-mail service.

- ☐ **PAPER** Statement only. 紙本對帳單
- ☐ **BOTH** Email statement and paper statement. 電子對帳單及紙本對帳單

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief and I also agree the document(s) submitted is(are) valid from the approval date.

In case of any changes mentioned above, I confirm that I will notify the bank within one month of such a change.  
本人茲聲明上述提供資料皆正確，且同意經本行核准後生效。上述資料如有任何異動，將於一個月內主動通知貴銀行。

**CUSTOMER IDENTIFICATION NOTICE**  
**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

\_\_\_\_\_  
Customer Signature (as per the bank record)  
客戶簽字 (須與銀行原留簽樣相同)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date 日期: MM 月 / DD 日 / YYYY 年

For Internal Bank Use Only

Verified by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Assistant Banking Officer

Compliance Officer

General Manager





**CUSTOMER INFORMATION PROFILE (Business/Legal Entity Account) 客戶資料表 (法人帳戶)**

Account No. 帳戶號碼: \_\_\_\_\_

\*\*\*Please fill the form in English, and any correction should be accompanied with your initial aside. 請以 英文 填寫此表格，若有任何更正請於旁邊簡簽！

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Assistant BSA/AML and OFAC Compliance Officer

\_\_\_\_\_  
CCO & BSA/AML and OFAC Compliance Officer

Additional Comments:



兆豐國際商業銀行洛杉磯分行  
Mega International Commercial Bank  
Los Angeles Branch

Tel: +1 (213) 489-3000  
Fax: +1 (213) 489-1183  
445 South Figueroa St. Suite 1900, Los Angeles, CA 90071

## Certification of Ultimate Beneficial Owner(s) and Controlling Party

### Customer Information

Customer Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_  
Address: \_\_\_\_\_

### Person opening the account on behalf of the Customer and/or certifying the information on this form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

I, hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and I agree to provide the register of shareholders to Mega International Commercial Bank, Los Angeles Branch ("Mega ICBC"). I declare that I will inform Mega ICBC in writing of any changes in the beneficial owners or the percentage interests held within one month. I will also inform Mega ICBC of the issue of any new shares where this has consequences for the above details.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

### Beneficial Owner(s) and Controlling Party

**Section 1.** Please provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.<sup>1</sup> 請提供直接或間接持有公司/法人股份或資本25%或以上者自然人之相關資料，如英文姓名、生日、地址、社會安全號碼(美國籍)、有效護照或有效駕照號碼及發行國別、持股百分比。

English Name 英文姓名	Date of Birth 生日 MM/DD/YYYY 月/日/年	Address 地址	(For U.S. Persons) Social Security Number, Valid Driver's License/Photo ID Number & Place of Issuance, Date of Issuance, Date of Expiration 社會安全碼、有效證件號	(For Non U.S. Persons) SSN, Valid Passport Number/Driver's License & Country of Issuance 有效證件號碼及發行國別	Percentage of Interests (%) 持股比例(%)

<sup>1</sup> If a trust owns directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of a legal entity customer, the beneficial owner is the trustee.

			碼及簽發州別、簽發日期、有效日期		

☐ We have no beneficial owners with an equity interests of 25% or more.

若無持有公司/法人股份或資本 25%或以上者之自然人，請在此欄位註明〔X〕

**Section 2.** Please provide the following information for one controlling party, or individual with significant responsibility for managing the legal entity listed above, such as: (1) 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 (2) Any other individual who regularly performs similar functions as above-mentioned. 請提供擔任(1)高階經理人(如執行長、財務長、營運長、董事、董事長、總經理等)，或(2)相當或類似上述職權之自然人，或(3)有權簽字人之相關資料，如英文姓名、生日、地址、社會安全號碼(美國籍)、有效護照或有效駕照號碼及發行國別、持股百分比。Note: If appropriate, an individual listed under Section 1 may also be listed in this section.

English Name 英文姓名	Date of Birth 生日 MM/DD/YYYY 月/日/年	Address 地址	(For U.S. Persons) Social Security Number, Valid Driver's License/Photo ID Number & Place of Issuance, Date of Issuance, Date of Expiration 社會安全碼、有效證件號碼及簽發州別、簽發日期、有效日期	(For Non U.S. Persons) SSN, Valid Passport Number/Driver's Licenses & Country of Issuance 有效證件號碼及發行國別	Percentage of Interests (%) 持股比例(%)

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**Section 3.** Are any Beneficial Owners listed in Section 1 or 2 (1) a current or former senior military, government or political official of a non-U.S. country, or (2) an immediate family member or close associate of such an official? Section 1 或 2 所列之自然人是否(1)現任或曾任於台灣/外國政府部門之高階官員或從事政治工作，或(2)有任一近親符合(1)項所述。

☐ No. 否

☐ Yes, please provide the name(s) below and specify the beneficial owner's official political title (include separate sheet if more space is needed)

是，請提供該等自然人以下之資訊(表格若不敷使用，請自行增列):

English Name of Beneficial Owners 實質受益人英文姓名	English Name of immediate family member and Relationship (if applicable) 近親英文姓名及關係(如符合)	Name of government department/agency and official political title 服務機關與工作職稱	Dates of service (MM/YY – MM/YY) 任職期間

**Section 4.** Are any Beneficial Owners list above, or Executive Officers, Senior Managers, or Individuals with significant responsibility for managing the legal entity employed by any of the following activities?

☐ Internet Gambling

☐ Marijuana or Cannabis Business

☐ Embassies, Consulates, and Diplomatic Missions

☐ None of above

**\*\*\*Please provide the photocopy of identification of above mentioned person(s), ex: valid passport、U.S. driver license and etc.** In lieu of a valid passport number, foreign persons may also provide an alien identification card, or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard, ex: Taiwan ID. **請提供以上人士的身分證件影本，如有效護照、美國駕照等，若非美國籍人士亦無持有效護照時，則請提供由外國政府發行附照片的有效身分證件影本，如台灣身分證。**

**For Internal Bank Use Only**

Verified by	Reviewed by	Reviewed by	Approved by	Approved by
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Assistant Banking Officer	Assistant BSA/AML & OFAC Compliance Officer	Compliance Officer	BSA/AML and OFAC Compliance Officer	General Manager

Additional Comments

### **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).



**MEGA INTERNATIONAL COMMERCIAL BANK CO. LTD.  
LOS ANGELES BRANCH**

445 South Figueroa Street, Suite 1900, Los Angeles, CA 90071  
TEL: (213) 489-3000 FAX: (213) 489-1183

**Dear Customers,**

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account(s) or relationship(s) you may have with our bank. Please read the following disclosure very carefully and certify that your business does not engage in Internet gambling business. You are required to complete, sign, and return the attached Certification of Not Engaging in Internet Gambling Business to our bank as soon as possible.

\*\*\*\*\*

**Disclosure of Regulation GG-Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006**

Regulation GG, implementing the Prohibition on Funding Unlawful Internet Gambling Act of 2006, requires that we notify our customers that restricted transactions are prohibited from being processed through account(s) or other relationship(s) you may have with our bank.

**What is a restricted transaction?**

**Restricted transaction** means any of the following transactions or transmittals involving any credit, funds, instrument, or proceeds that the Act prohibits any person engaged in the business of betting or wagering (which does not include the activities of an financial transaction provider, or an interactive computer service or telecommunications service) from knowingly accepting, in connection with the participation of another person in **unlawful internet gambling**.

- Credit, or the proceeds of credit, extended to or on behalf of such other person (including credit extended through the use of a credit card);
- An electronic fund transfer, or funds transmitted by or through a money transmitting business, or the proceeds of an electronic fund transfer or money transmitting service, from or on behalf of such a person; or
- Any check, draft or similar instrument that is drawn by or on behalf of such other person and is drawn on or payable at or through any financial institution.

**Unlawful internet gambling** as defined in Regulation GG, means to "place, receive or otherwise knowingly transmit a bet or wager by any means which involves the use, at least in part, of the internet where such bet or wager is unlawful under any applicable Federal or State law in the State or Tribal lands in which the bet or wager is initiated, received or otherwise made".

As a customer of Mega International Commercial Bank Co. Ltd., Los Angeles Branch, these restricted transactions are prohibited from being processed through your account or banking relationship with us.

Please contact us at above telephone number if you would like additional information on UIGEA or Regulation GG.





**MEGA INTERNATIONAL COMMERCIAL BANK CO. LTD.**

**Los Angeles BRANCH**

445 South Figueroa Street, Suite 1900, Los Angeles, CA 90071

TEL: (213) 489-3000 FAX: (213) 489-1183

## **Certification of Not Engaging in Internet Gambling Business**

To: Mega International Commercial Bank Co. Ltd., Los Angeles Branch

We have received a copy of your Disclosure of Regulation GG-Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006 and certify that we do not engage in an Internet gambling business.

Account Name:

,   
Authorized Signature(s) Title

Date:



**MEGA INTERNATIONAL COMMERCIAL BANK CO. LTD.  
LOS ANGELES BRANCH**

445 South Figueroa Street, Suite 1900, Los Angeles, CA 90071  
TEL: (213) 489-3000 FAX: (213) 489-1183

**Dear Customers,**

The Financial Crimes Enforcement Network ("FinCEN") has issued guidance to ensure financial institutions provide services to marijuana-related businesses consistent with Bank Secrecy Act ("BSA") obligations, and aligns the information provided by financial institutions in BSA reports with federal and state law enforcement priorities.

As our bank's policy, we will not provide any financial services to Marijuana-Related Businesses directly or indirectly. This notification is to inform you that Marijuana-Related Businesses are prohibited from being processed through your account(s) or relationship(s) you may have with our bank. Please complete the following Certification of Not Engaging in Marijuana-Related Businesses.

\*\*\*\*\*

## **Certification of Not Engaging in Marijuana-Related Businesses**

To: Mega International Commercial Bank Co. Ltd., Los Angeles Branch

We acknowledge that the Bank will not provide any financial services to Marijuana-Related Businesses directly or indirectly. We hereby reiterate that neither our business nor any of our tenants is involved in the cultivation, manufacture or sale of control substances including marijuana.

Account Name: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signature(s) Title

Date: \_\_\_\_\_



兆豐國際商業銀行  
Mega International Commercial Bank

## Los Angeles Branch

445 South Figueroa Street, Suite 1900  
Los Angeles, CA 90071 U.S.A.  
Tel: 213-489-3000  
Fax: 213-489-1160

## Wire Transfer Agreement

**Definitions:** In addition to those terms defined throughout this Agreement, the following terms, when used herein, have the following meanings:

- a. **“Accounts”** means any deposit account held by you at the Bank.
- b. **“Agreement”** means this Wire Transfer Agreement.
- c. **“Authorized Representative”** means those parties set forth on a properly executed Customer Information Form and authorized by you to initiate and or confirm a Wire Transfer Request.
- d. **“Business Day”** means Monday through Friday, excluding federal banking holidays.
- e. **“Customer Information Form”** means the Wire Transfer Customer Information Form, a copy of which is attached to this Agreement.
- f. **“Cutoff Hour”** means 2:30 p.m. Pacific time.
- g. **“Fedwire”** means the funds transfer system owned and operated by the Federal Reserve Banks that is used primarily for the transmission and settlement of payment orders governed by the Fedwire Regulation.
- h. **“Fedwire Regulation”** means Subpart B of Regulation J of the Board of Governors of the Federal Reserve System, as amended from time to time.
- i. **“Wire Transfer”** means a “fund transfer” as defined in Article 4A of the Uniform Commercial Code.
- j. **“Wire Transfer Request”** means instructions from your or an Authorized Representative for a Wire Transfer of funds to a specific account or beneficiary or to amend or cancel prior instructions.

**Wire Transfer:** You agree that the terms and conditions outlined in this Agreement apply to any Wire Transfer Request you make to Mega International Commercial Bank (the “Bank,” “we” or “us”).

**Process:** Wire Transfer Request made other than in person may be made by facsimile, mail and e-mail. You may request the Wire Transfer for either the same Business Day or it may be “Valued-Dated” for a future Business Day. Your Wire Transfer Request must be received by us prior to the Cutoff Hour in order to be sent on the same Business Day. If your Wire Transfer Request fails to reach us prior to the Cutoff Hour and is not Valued-Dated, we will send the Wire Transfer on the next Business Day. Upon our receipt of a Wire Transfer Request, we will be authorized to transfer funds from your Accounts. All Wire Transfer Requests must include the name of the Authorized Representative making such Wire Transfer Request. We, subject to the Security Procedure provided herein, will execute Wire Transfers, domestically, internationally and in foreign currency, in accordance with Wire Transfer Requests received from you or an Authorized Representative that are made in compliance with this Agreement.

**Consent:** You understand and agree that we may electronically record telephone conversations between you or your Authorized Representatives and us. The decision to record any telephone conversation shall be solely within our discretion, and we shall have no liability for failing to do so. Such recording shall remain our property, and we may retain such records for such periods as we deem appropriate.

You acknowledge that we may have certain legal record keeping and reporting requirements with respect to Wire

Transfers and consent to our disclosure to governmental authorities of information concerning any services that we provide to you under this Agreement, which we believe to be appropriate or necessary to fulfill such legal requirements.

**Security Requirements:**

- a. We will call you or one of your Authorized Representatives back, (if you have more than one Authorized Representative and they are available, the confirming call will be made to a person other than the Authorized Representative who initiated the Wire Transfer) to authenticate Wire Transfer Requests (the “Call Back”). During the Call Back, we will request that you or your Authorized Representative identify yourself by providing a proper authorization code, which will be unique to you or your Authorized Representative and consist, for example, of an Account number, an Account name, a personal or company tax identification number or a driver’s license number (the “Security Procedure”). All callbacks to authenticate Wire Transfer Requests will be recorded. If we are unable to secure an authentication, or if we in good faith question the identity or authority of the person requesting the transfer, we may, in our sole discretion, delay or dishonor the Wire Transfer Request. In no event will we be liable to you for any loss caused by any such delay or dishonor or because we failed to secure an authentication.
- b. If, for any reason, we do not attempt to secure an authentication or fail to secure an authentication pursuant to this section, we may still execute the Wire Transfer as we in our sole discretion shall determine in good faith. If a Wire Transfer Request was transmitted or authorized by you or any of your Authorized Representatives, you shall pay us the amount of the Wire Transfer, whether or not we complied with the Security Procedure set forth herein with respect to that Wire Transfer Request and whether or not the Wire Transfer Request was erroneous in any respect or that error would have been detected if we had complied with the Security Procedure.

**Applicable Law:** Any Wire Transfer executed by us is subject to the rules and regulations applicable to Wire Transfers, including, without limitation, the Federal Bank Secrecy Act and its regulations, Article 4A of the Uniform Commercial Code and the Office of Foreign Asset Control (“OFAC”). In order to comply with applicable laws and regulations, in executing any Wire Transfer we may transmit information regarding you, such as your name, address and account number, as part of the payment process. By sending Wire Transfers through us, you agree that you will assist us in complying with the applicable laws and regulations and hold us harmless from any liability in connection with our compliance with the laws or regulations. In initiating a Wire Transfer Request under this Agreement, you agree to be bound by U.S. law and further agree that no Wire Transfer which violates applicable laws and regulations may be initiated. This includes, but is not limited to, Article 4A of the Uniform Commercial Code and the economic sanctions administered by OFAC. It is your responsibility to obtain information regarding OFAC sanctions.

**Means of Transmission:** In acting on any Wire Transfer Request, we may utilize any means of transmission; funds transfer system or intermediary bank reasonably selected by us, even if our selection differs from instructions in the Wire Transfer Request. We may select any means for the transmission of funds which we consider suitable, including, but not limited to, our own internal system and Fedwire. In connection with your use of our services, we hereby notify you of the following:

- a. We may use Fedwire when acting upon a Wire Transfer Request;
- b. Any subsequent bank may use Fedwire when carrying out a Wire Transfer Request;
- c. The Fedwire Regulation governs the rights and obligations of you and us in any part of a Wire Transfer intended to carry the Wire Transfer Request through the use of Fedwire.

We are not responsible for performance failure as a result of interruption in transfer facilities, labor disputes, power failures, equipment malfunctions, and suspension of payment by another bank, refusal or delay by another bank to accept the Wire Transfer, war, emergency conditions, fire, earthquake or other circumstances not within our control.

**Rejection of Wire Transfer Request:** You understand that we may reject any Wire Transfer Request without liability if you have failed to maintain sufficient available funds in the Account from which funds are to be debited for payment to us; failed to pay in acceptable immediately available funds the amount of each Wire Transfer transmitted by us; or cannot, or will not, provide all information which we are required to obtain to comply with any law or regulation, including, without limitation, the Federal Bank Secrecy Act. We may also reject any Wire Transfer Request, the authenticity of which we have been unable to verify through the use of the Security Procedure or which is otherwise suspicious. Notice of such rejection will be given on the Business Day on which we reject the Wire Transfer Request.

**Cancellations or Amendments of Wire Transfer Request:** A Wire Transfer may be canceled or amended only if we have not transmitted the Wire Transfer or credited the account of the beneficiary of the Wire Transfer (the "Beneficiary"), and the communication canceling or amending the Wire Transfer is received by us at a time and in a manner affording us a reasonable opportunity to act on the communication, provided that (a) we will have no liability if we fail to act on or complete such Wire Transfer Request and (b) you agree to indemnify and hold us harmless from any and all liabilities, costs and expenses that we may incur in attempting to cancel or amend the Wire Transfer Request.

**Inconsistency of Name and Number:** You acknowledge and agree that, if a Wire Transfer describes the Beneficiary, the Beneficiary's bank (the "Beneficiary Bank") or any Intermediary Bank inconsistently by name and number, payment of the Wire Transfer transmitted by us may, unless otherwise provided by law, be made on the basis of the account number or the bank number alone even if the number identifies a person or bank different from the named Beneficiary, Beneficiary Bank or any intermediary bank. Your obligation to pay the amount of the Wire Transfer to us is not excused in such circumstances. We may also pay Wire Transfers solely on the basis of the account number. We shall not be responsible for any delay arising out of our attempt to reconcile inconsistencies between name and account number or otherwise investigate suspected irregularities.

**Payment:** You agree to pay us and we may, without prior notice or demand, obtain payment of any amount due to us under this Agreement by debiting any Account you maintain with us, on either the Business Day we transmit the Wire Transfer Request, or for Valued-Dated Wire Transfer Requests, the date you submit the Wire Transfer instructions to us or on such other date as is agreed to by us in writing. You shall pay us the fees for the services provided by us herein according to our current fee schedule, as it may be amended from time to time. Our current fee schedule for each Wire Transfer will be deemed accepted by you upon making a Wire Transfer Request. You shall pay any sales, use or similar tax applicable to Wire Transfer. If we are required to pay any such taxes, you shall reimburse us therefor upon demand. You shall also pay all attorneys' fees and other costs and expenses we may incur in collecting any fees or other sums you may owe us in connection with any Wire Transfer. In addition to debiting your Accounts, we may collect any amounts due from you to us by billing you, and/or setting off against any amounts we owe you, without any obligation to give prior notice thereof to you.

All Wire Transfer Requests involving your Accounts are subject to your account agreement with us and funds availability schedules in effect from time-to-time. Each Wire Transfer Request is subject to any transfer limitations that apply to your Accounts.

**Provisional Payment:** Any credit that we may provide you for a Wire Transfer is provisional until we receive final payment for the amount of the Wire Transfer. You shall refund to us the amount of the provisional credit if final payment of the Wire Transfer is not received for any reason.

**Grant of Security Interest:** As security for the full and timely payment and performance of all of your obligations under this Agreement, you hereby grant to us a security interest in, and a lien upon, the Account(s) and any other

account you may have with us. Your failure to satisfy any of your obligations to us shall constitute a default. Upon the occurrence of a default, and at any time thereafter, we may use and apply any and all funds in your Account(s) and any other accounts you may have with us and exercise any and all other rights and remedies available to us by law, in equity or by agreement.

**Foreign Currency Transactions:**

- a. You understand that foreign currency Wire Transfers must be based on a currency traded by us and that the rate of exchange will be the rate in effect at the time the Wire Transfer is transmitted by us. If the Wire Transfer is returned for any reason, you agree to accept the refund in United States Dollars based on our then-current buying rate, converting the currency to United States Dollars on the date of refund, less any charges and expenses incurred by us.
- b. From time to time, we experience various difficulties in transferring funds to certain countries. Those difficulties include (but not by way of limitation): (i) excessive delay in applying funds; (ii) incorrect application of funds; (iii) disappearance of funds; (iv) excessively slow response to inquiries; or (v) government restriction on the transfer of such funds. In addition, countries and their subdivisions where the recipient is wired funds charge transfer taxes and other transfer fees that reduce the amount received. You hereby acknowledge and assume any expense in connection with such transfers which may be incurred by us in addition to normal and customary charges. You are obligated to comply with all laws relating to the transfer of funds for foreign countries, individuals, or agencies. Noncompliance may result in the delay of Wire Transfer Requests, fines equivalent to a percentage of the principal or confiscation of the entire principal amount of the transfer if an attempt is made to transfer funds to a sanctioned individual, agency and/or country.

**Statements:** You will receive a written notice of each complete Wire Transfer. These transactions will also be reflected on your periodic bank statement. You agree to notify us in writing within fourteen (14) days of any discrepancies between your records of these transactions and bank statements or notices received from us. Your failure to so notify us within said fourteen (14) days shall relieve us of any liability we would otherwise have in regard to such Wire Transfer.

**Your Representations and Agreements; Indemnity:** You represent to us and agree that you shall perform your obligations under this Agreement in accordance with all applicable laws and regulations, and you shall indemnify us against any loss, liability or expense, resulting from or arising out of any branch of any of the foregoing representations or agreements.

**Security Breach:** In the event of a security breach, you agree to cooperate with us in connection with your incident response investigation in a timely manner and to provide any information requested by us within two (2) Business Days of the request. You will permit our authorized representatives access to your computer systems in connection with such investigation. You will indemnify and hold us harmless from and against any third party claim arising in connection with a security breach, except to the extent the breach is caused by our gross negligence.

**Audit:** During the term of this Agreement and for a period of two (2) years thereafter, we, and any third party representatives designated by us, including bank regulatory agencies, independent auditors and forensics experts, shall have the right, upon reasonable prior notice to you (except in the event of fraud, unauthorized access to Accounts or any other circumstance where delay could result in loss to you, in which case this right shall be immediate), to audit your books, records, systems, computers and procedures to the extent necessary to verify your compliance with the terms of this Agreement, including compliance with applicable law, which may include, in our sole discretion, the right to enter onto your premises for such purpose.

**Our Liability; Limitations on Liability; Indemnity:**

- a. Except as otherwise required by Article 4A of the Uniform Commercial Code, we are not responsible to you for any loss or liability arising from: any inaccuracy, act or failure to act on the part of any person not within our reasonable control, including but not limited to, the failure of other financial institutions to provide accurate or timely information to you or to us; the failure of other financial institutions to accept Wire Transfers; your negligence or breach of the Agreement; any ambiguity or inaccuracy in any instruction or information given to us by you or your agents; or any act or failure to act on our part caused by legal restraints (such as legal process served on us) war, emergency conditions or other circumstances beyond our reasonable control.
- b. In all cases, our liability for any act or failure to act under this Agreement shall be limited to your resulting direct loss, if any, and payment of interest. Under no circumstances shall we be liable for any consequential, indirect, punitive, or special damage from subsequent wrongful dishonor resulting from our acts or omissions under this Agreement, unless the applicable version of Article 4A of the Uniform Commercial Code requires.
- c. Without limiting the generality of the foregoing provisions, we shall be excused from failing to transmit or delay in transmitting a Wire Transfer if such transmittal would result in our violating any provision of any present or future risk control program of the Federal Reserve Bank or any rule or regulation of any other U.S. governmental regulatory authority.
- d. Notwithstanding any provisions of the Uniform Commercial Code or other applicable statute to the contrary, you agree that attorney's fees are not recoverable, by either you or us in any action or proceeding undertaken to enforce or interpret the terms of this Agreement or which arises in connection with wire transfer services rendered under this Agreement, except as otherwise set forth herein.

**Notices and Instructions:** Any written communication required or permitted to be given under this Agreement shall be hand delivered, or sent by United States first-class mail, postage pre-paid, or by express carrier. We shall be entitled to rely on any written notice or communication believed in good faith to be genuine and to have been signed by you or your Authorized Representative, and any such notice or communication shall be deemed to have been signed by such person. Any such notice shall be effective no later than the next Business Day following the day of our receipt thereof.

**Termination:** This Agreement may be terminated by either party immediately upon written notice to the other, provided that no such termination shall affect the obligations of either party which occurred prior to such termination. We may terminate this Agreement immediately upon telephone notification to you, followed by written notice, if you have breached this Agreement or if we become aware of information which may indicate illegal or improper transactions.

**Amendments:** From time to time, we may amend any of the terms and conditions contained in this Agreement. Amendments will become effective either (a) thirty (30) days after we have provided written notice to you or (b) on the effective date set forth in our notice to you.

**Governing Law and Venue:** This Agreement shall be construed in accordance with and governed by the laws of the States of California. With respect to wire transfer systems used by us to execute your Wire Transfer, you agree to be bound by the state and federal laws and Rules governing the wire transfer system to the extent we are bound. You further hereby irrevocably consent and submit to the jurisdiction of any state court of California, or the United States District Court for the Southern District of California and waive any and all objections that you may have to venue in such courts or the issuance of service of process in any such proceedings.

**Waiver of Jury Trial:** The parties hereto agree to waive any right to have a jury participate in the resolution of any dispute or claim between the parties or any of their respective affiliates arising under this Agreement.



Accepted by Customer: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Date: \_\_\_\_\_



兆豐國際商業銀行  
Mega International Commercial Bank

Los Angeles Branch

445 Figueroa Street, Suite 1900  
Los Angeles, CA. 90071 U.S.A.  
Tel: 213-489-3000  
Fax: 213-489-1160

**Wire Transfer  
Customer Information Form**

Account Name: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Account Address: \_\_\_\_\_

Are you a new Wire Transfer Customer? ☐ Yes ☐ No (If no, please check one of the boxes below.)

Please indicate if these instructions: ☐ Supersede all existing instructions ☐ Are in addition to all existing instructions.

Please identify the **designated individuals authorized** to give Mega International Commercial Bank – Los Angeles Branch wire transfer instructions for the Account(s) indicated. Each individual's access for both initiation and confirmation (call back) is restricted to the authorized limit indicated for each individual. If no authorized limit is indicated for a designated individual, that individual will have unlimited authority. Please indicate the authority for each designated individual by initialing the appropriate access options below.

Main Telephone Number: _____				Initial Box Below
Individual Name:	Authorized \$ Limit	Telephone Number or Ext.	Initiate	Confirm

**Authorization:** The authorized signer must be an individual named in the account on file with the bank.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Bank Use Only**

**Signature Verified by:**

**Reviewed by:**

**Approved by:**



**AGREEMENT FOR ELECTRONIC TRANSMISSION PAYMENT ORDERS**

THIS AGREEMENT, made and entered into this day of \_\_\_\_\_ (MM/DD/YYYY), by and between Mega ICBC, Los Angeles Branch (the “Bank”), and \_\_\_\_\_ (the “Customer”).

WHEREAS, pursuant to a money transfer authorization dated \_\_\_\_\_ (MM/DD/YYYY) (the “Authorization”) attached hereto and made a part hereof as Exhibit A, the Customer has requested and authorized the Bank to withdraw funds from the Customer’s account maintained with the Bank pursuant to any electronic transmission payment order of the Customer with limit to the amount of USD \_\_\_\_\_ or equivalent foreign currency, for each transaction, and to make payment of such withdrawn funds to the payee(s) (the “Designated Payee(s)”) set forth on Exhibit B attached hereto and made a part hereof; and

WHEREAS, the Bank has advised the Customer that in order for the Bank to comply with such request it must be furnished with indemnification and assurances satisfactory to it; and

WHEREAS, it is in the best interest of the Customer to provide the Bank with such indemnification and assurance;

NOW, THEREFORE, in order to induce the Bank to honor and act upon such electronic transmission payment orders and for other good and valuable consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

1. The Bank may honor and act in reliance upon any and all electronic transmission payment orders to the Designated Payee(s) initiated or purported to be initiated pursuant to the authorities contained in the Authorization, without any duty of inquiry on the part of the Bank, the same as if an originally executed Authorization had been delivered to the Bank; and the Customer shall indemnify and hold the Bank harmless from and against any and all claims, liabilities, losses or expenses, including attorneys’ fees, which may be asserted against the Bank in any way relating to or arising out of this Agreement, the Authorization or any withdrawals effected pursuant thereto.
2. The Bank will take its customary steps towards remittance. In so doing, the Bank is to be free on behalf of the Customer to make use of any correspondent, but in no case is either the Bank or any of its correspondents to be liable for mutilation, interruption, omissions, errors, or delays occurring in the mails, or on the part of any telegraph, cable, swift, fedwire or any employee of the Customer, or through any cause beyond the control of the Bank or its correspondents respectively. The Bank may send any message relative to the remittance in explicit language, code or cipher and is not to be liable for error, neglects or defaults of any correspondent.

3. The Customer agrees to maintain sufficient collected funds in its account with the Bank to cover the amount of any and all payment orders as well as the expenses incurred by this Bank or any paying bank or other charges.
4. Refund will be made if requested by the Customer, but only if and after the Bank has received confirmation of effective cancellation of the remittance less the expenses of the Bank and its correspondents.
5. Any alteration, amendment or modification to the Agreement, or the Authorization, or the Designated Payee(s) shall not be effective unless consented to in writing by both the Bank and the Customer. Either party, however, may terminate both this agreement and the Authorization upon written notice to the other; provided, however, that notice of termination directed to the Bank shall not be effective until five (5) banking days after receipt thereof. Written notice of termination shall be personally delivered or sent by first-class United States mail, postage pre-paid, as follows or to such other address as either party may hereafter specify in the foregoing manner.

If to the Customer:

\_\_\_\_\_  
\_\_\_\_\_

If to the Bank:

445 South Figueroa Street  
Suite 1900 Los Angeles, CA 90071

6. This Agreement shall be governed by and construed in accordance with the laws of the State of California, U.S.A.

Customer: \_\_\_\_\_  
\_\_\_\_\_

Bank: Mega ICBC, Los Angeles Branch

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signatory Title

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signatory Title

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signatory Title

EXHIBIT A

MONEY TRANSFER AUTHORIZATION

To: Mega ICBC, Los Angeles Branch (the “Bank”)

RE: **ELECTRONIC TRANSMISSION** PAYMENT ORDERS

WE HEREBY REQUEST AND AUTHORIZE THE BANK TO AUTOMATICALLY WITHDRAW FUNDS FROM OUR ACCOUNT NO. \_\_\_\_\_, WITHOUT FURTHER AUTHORIZATION FROM US, IN AN AMOUNT NECESSARY FOR THE BANK TO ACT UPON AND EXECUTE ANY **ELECTRONIC TRANSMISSION** PAYMENT ORDER INITIATED BY US AND TO PROVIDE FOR ANY AND ALL CHARGES AND EXPENSES INCURRED BY THE BANK OR ANY OTHER BANK IN CONNECTION THEREWITH.

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

EXHIBIT B

**List of designated payee(s) for electronic transmission payment orders**

To: Mega ICBC, LOS ANGELES BRANCH

Following payee(s) is (are) designated for electronic transmission payment orders:

	<u>PAYEE'S NAME</u>	<u>ACCOUNT NO.</u>	<u>RECEIVING BANK</u>	<u>BRANCH NAME/ADDRESS</u>
1)				
2)				
3)				
4)				
5)				

\_\_\_\_\_  
Date (MM/DD/YYYY)

Customer: \_\_\_\_\_  
\_\_\_\_\_

Bank: Mega ICBC, Los Angeles Branch

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signatory Title

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signatory Title

\_\_\_\_\_, \_\_\_\_\_  
Authorized Signatory Title

**Bank Use Only**

**Signature Verified by:**

**Reviewed by:**

**Approved by:**

# FUNDS TRANSFER PAYMENT ORDER

TO: MEGA INTERNATIONAL COMMERCIAL BANK CO., LTD.  
LOS ANGELES BRANCH

ORIGINAL

SUBJECT TO CONDITIONS OUTLINED BELOW:  
HERE OF, I/WE REQUEST YOU TO EFFECT:

- ☐ MAIL TRANSFER  
☐ TELEGRAPHIC TRANSFER

DATE APPLIED:  
DATE EXECUTED:

REMITTANCE AMOUNT	EXCHANGE RATE	(\$ CAN US EQUIVALENT)
USD	N/A	US

PAYING BANK'S CHARGES, IF ANY, ARE:  
☐ FOR PAYEE'S ACCOUNT  
☐ FOR OUR ACCOUNT

AND FOR PAYMENT OF THE PROCEEDS AND CHARGES CONCERNED  
☐ PLEASE DEBIT MY/OUR ACCOUNT WITH YOU, A/C NO.:  
☐ ENCLOSED PLEASE FIND CHEQUE/CASH

**PAYEE**

NAME  
ADDRESS  
TEL  
BANK NAME  
BRANCH NAME AND ADDRESS  
ACCOUNT NO.  
BANK ABA NO.

**ORIGINATOR/APPLICANT**

NAME  
ADDRESS  
TEL  
SIGNATURE  
SIGNATURE

BY SIGNING THIS PAYMENT ORDER YOU AGREE TO BE  
BOUND BY THE TERMS AND CONDITIONS SET FORTH ON  
THE REVERSE HEREOF, READ THEM CAREFULLY.

☐ Trade payment.  
Nature of Transaction: ☐ Others. Please specify:

**FOR BANK USE ONLY**

NAME OF CORRESPONDENT (PAYING BANK)		OUR REF. NUMBER	ORT
R E I M B U R S E M E N T		COMMISSIONS	USD
		POSTAGE OR CABLE CHARGE	