BUTTERFIELD

NON-PROFIT ENTITY APPLICATION FORM

THE BANK OF N.T. BUTTERFIELD & SON LIMITED
and
BUTTERFIELD BANK (CAYMAN) LIMITED

BUTTERFIELD

NON-PROFIT ENTITY APPLICATION FORM Corporate Banking

Thank you for your request to open a new account with Butterfield. To ensure the account(s) are opened without delay, please complete the application form below. We appreciate your business, so please do not hesitate to contact our Client Services Team directly should you require assistance during the account opening process.

In addition to a completed application form, we will require certified copies of specific documents to verify the legitimacy of the entity and any associated individuals, in accordance with global financial regulatory standards. A list of the minimum documentation required for this entity type is provided in Appendix, along with our document certification requirements. Please note: we may request additional information or documents in some cases.

SECTION A – ENTITY DETAILS

Full legal name of Non-Profit Entity

Country of establishment

Date of establishment (DD/MMM/YYYY)

Official identification number *(if applicable)*

Registered address

Street address

Town/City

Country

Postcode

Principal place of business *(if different to registered address above)*

Street address

Town/City

Country

Postcode

Company website *(if applicable)*

Number of employees as per IRS 990 *(if applicable)*

SECTION B – PURPOSE AND OPERATIONS

Please provide details of the purpose and objectives of the Non-Profit Entity:

Describe the technique(s) through which funds are raised and confirm the jurisdictions in which funds are raised and/or fundraising activities are conducted:

Does the Non-Profit Entity, or any associated individual or entity, have any connection with a sanctioned jurisdiction (e.g. North Korea, Iran, Russia, Syria, etc.)?

Yes ☐ No ☐

Where the answer is **yes**, or you require further details, please contact the Client Services Team for advice.

For more information on our sanctioned and restricted jurisdiction policy and an up-to-date list of countries currently included, visit the Legal and Disclaimers section of our website.

Please detail any existing relationships the Non-Profit Entity may have with Butterfield:

We may ask for additional evidence on these answers provided below.

What year was the Non-Profit Entity established?

What is the approximate value of the Non-Profit Entity? *(i.e. assets held)* Select

Please provide a meaningful description of where and how the funds used to establish the Non-Profit Entity were generated. If the Non-Profit Entity has been operating for over three years, this requirement can be satisfied via the provision of the latest audited financial statements:

Please confirm the jurisdictions in which these activities took place:

For new Non-Profit Entities, where the capital used to establish the entity is savings derived from salary payments, please provide the following information on how the funds were acquired:

Name of business	Role	Salary or shareholding	Period employed

SECTION C – CONTACT DETAILS

Please provide the contact details of the principal individual(s) responsible for managing the prospective relationship with Butterfield:

Full legal name	Email	Telephone number

Mailing address (if different from registered address listed in Section A)

PO Box Street address

Town/City Country Postcode

☐ I/We consent to receive marketing information from Butterfield (By submitting this form, I acknowledge that Butterfield may contact me regarding my request, my account, or other Butterfield products/services).

SECTION D – ACCOUNT DETAILS AND SERVICES REQUESTED

Please provide details of the account(s) requested in the section below:

Account	Currency	Initial deposit	Cheque book	Debit card
Select	Select		☐	☐
Select	Select		☐	☐
Select	Select			
Select	Select			
Select	Select			
Select	Select			

Details of other products and services offered by Butterfield are set out below. Please tick to request further information.

- ☐ Asset Management
- ☐ Corporate Lending
- ☐ Custody & Brokerage
- ☐ Credit Cards

Please confirm the purpose of the account(s) requested, including the rationale for opening account(s) in the jurisdiction:

Source of initial deposit:

Domestic transfer ☐ Wire ☐ Cheque ☐ Draft ☐ Other ☐

Please provide details of how the funds being deposited into the account(s) requested were acquired, and the jurisdiction / individual / entity from which they are coming from:

Please confirm the expected source of funds into the account(s) on an ongoing basis:

Please confirm the names of the principal counterparties to which payments are expected to be remitted to/received from:

Name	Jurisdiction	Relationship to Entity	Outgoing	Incoming
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Do you need the option to send/receive international wires?

Yes ☐ No ☐

If **yes**, please specify the upper limit:

$1,000 ☐ $10,000 ☐ $50,000 ☐ $100,000 ☐ $200,000 ☐ $200,000+ ☐

Please provide estimates of the expected activity through the account(s) on a monthly basis:

Average balance Select _____ Expected percentage of physical cash deposits _____

Total debits Select _____ Total credits Select _____

Will you require a stand-alone, online banking platform?

Yes ☐ No ☐

If **yes**, please download and complete the Bermuda or Cayman online banking application form from our website and submit it with this application.

Will the accounts be managed online as part of an existing management company's online platform?

Yes ☐ No ☐

If **yes**, provide the name of the existing management company:

_____

Do you want to receive electronic statements and/or physical statements?

Electronic statements only *(via Butterfield Online)* ☐

Physical statements only *(via mail - fees may apply)* ☐

Electronic statements and physical statements ☐

SECTION E – CONNECTED PARTIES

Please complete the form below with details of all Directors, Officers, Board Members and Authorised Signatories of the Non-Profit Entity. This must be supported by certified copies of the following documentation:

☐ copy of an instrument/resolution issued by the governing body of the Non-Profit Entity confirming the full names of the members of the management committee/board

Where the individuals below are already known to Butterfield *(for example, as a Retail Client, or other Corporate Banking relationship)* , no further documentation is required, but please tick to confirm that the individual's residential address, and where applicable, tax declaration previously provided to the Bank remains accurate and up to date.

For all other individuals, please enclose a certified copy of their current, in date passport and a certified copy of a utility bill issued within the last three months detailing their permanent residential address.

					Roles *(tick all that apply)*			Documentation		
Full legal name *(including any "known as" names)*	Date of birth (DD/MMM/YYYY)	Nationality(ies)/ citizenships *(state all held)*	Residential address	Occupation	Board member	Director or officer	Authorised signatory	Certified passport	Certified utility bill	Existing Butterfield client
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐

SECTION F – ADDITIONAL PRODUCTS / SERVICES REQUESTED - MERCHANT SERVICES

Please complete the following section if you would like to apply for Merchant Services.

By what methods are sales received? *(tick all that apply)*

Storefront ☐ E-Commerce ☐ Mail/Phone ☐ Other *(please specify)* ☐ _____

Please provide the following expected *(or in the case of existing businesses, actual)* transaction value:

Total card sales ($)	Average per transaction ($)	% Local card sales	% Foreign card sales

Does your business accept credit cards?

Yes, currently *(Bank name)* ☐ _____ Yes, previously *(Bank name)* ☐ _____ No ☐

Does your business operate from multiple locations?

Yes ☐ No ☐

If **yes**, please provide the address of each one below:

Point of Sale (POS) Terminals

Will your business require Point of Sale (POS) Terminals?

Yes *(please specify how many of each terminal types will be required):* ☐

No *(please detail the terminal make and models that are currently used or will be used)*: ☐

Desktop *(IP Connection)*:

Wireless *(Wifi Connection)*:

Wireless *(Wifi & SIM Card Connection)*:

eCommerce

Merchant website URL:

Merchant IP address:

Hosting Service Vendor Details

Name:

Payment gateway name:

Email:

Telephone number:

Pursuant to Butterfield Bank's Merchant Services Terms and Conditions, the aforementioned and undersigned Merchant certifies, subject to criminal penalties for false certification, that all information set forth in this completed application is true and correct. The Merchant authorises The Bank of N.T. Butterfield & Son Limited ("The Bank") and its agents or any third party as may be required in the Bank's performance of its services, to investigate the references, statements and other data contained herein or within the attachments and to obtain additional information from credit bureaus and other lawful sources, including persons and companies named in this application. The undersigned Merchant understands that this Merchant Application shall not constitute an acceptance by the Bank to enter into any business with the aforesaid Merchant, and that no agreement will be seen to exist until the Merchant has been approved by and a separate Merchant Terms and Conditions document has been signed and accepted by both parties.

Applicant name: Signature of applicant: Date: (DD/MMM/YYYY)

Co-applicant name: Signature of co-applicant: Date: (DD/MMM/YYYY)

SECTION G – ADDITIONAL PRODUCTS / SERVICES REQUESTED - BUSINESS DEBIT CARD(S)

Please complete the following section if you would like to apply for a **Butterfield Business Debit Mastercard®(s)**.

For your security, the daily limit on your Card is fixed.

Please choose a daily transaction limit for both ATM cash and point of sale transactions:

ATM:	☐ $0 (No cash allowed)	☐ $1,000	☐ $5,000
Point of sale:	☐ $5,000	☐ $12,000	☐ $25,000

Business Details

Business name to appear on card
(not to exceed 21 characters including spaces)

Cardholder Information

Please list bank account signatories who are to receive a card. For all employees or others signing below, each requested or existing cardholder (called "I", "me" or "my") hereby agrees as follows:

I will use my card only (i) for business purposes (ii) as authorised by my Company/Firm and (iii) subject to the conditions of the Butterfield Business Debit Card Agreement.

Cardholder name to appear on card
(not to exceed 21 characters including spaces)

Cardholder signature
(please sign within block)

Email address

Business telephone number(s) Business Fax Mobile

Date of birth (DD/MMM/YYYY)

Mother's maiden name (For Security Use)

Cardholder name to appear on card
(not to exceed 21 characters including spaces)

Cardholder signature
(please sign within block)

Email address

Business telephone number(s) Business Fax Mobile

Date of birth (DD/MMM/YYYY)

Mother's maiden name (For Security Use)

Cardholder name to appear on card
(not to exceed 21 characters including spaces)

Cardholder signature
(please sign within block)

Email address

Business telephone number(s) Business Fax Mobile

Date of birth (DD/MMM/YYYY)

Mother's maiden name (For Security Use)

Cardholder name to appear on card
(not to exceed 21 characters including spaces)

Cardholder signature
(please sign within block)

Email address

Business telephone number(s) Business Fax Mobile

Date of birth (DD/MMM/YYYY)

Mother's maiden name (For Security Use)

Cardholder name to appear on card
(not to exceed 21 characters including spaces)

Cardholder signature
(please sign within block)

Email address

Business telephone number(s) Business Fax Mobile

Date of birth (DD/MMM/YYYY)

Mother's maiden name (For Security Use)

Cardholder name to appear on card
(not to exceed 21 characters including spaces)

Cardholder signature
(please sign within block)

Email address

Business telephone number(s) Business Fax Mobile

Date of birth (DD/MMM/YYYY)

Mother's maiden name (For Security Use)

I hereby certify the above information to be true and complete. If this application is accepted, I request that the Debit Card(s) be issued as designated above.

Authorised Signature

Signature of representative (please sign within block)	Full name and title of authorised Company/Firm representative (please print or type)	Date (DD/MMM/YYYY)

Card(s) to be collected at:

BERMUDA:	Mailed to address on file ☐	Front Street ☐	St. George's ☐	Somerset ☐
CAYMAN:	Mailed to address on file ☐	Butterfield Place ☐	Camana Bay ☐	Midtown Plaza ☐

Card collected by (please sign within block)	Name (print)	Date (DD/MMM/YYYY)

Signature of this card application constitutes the acceptance of the Product & Service specific terms set out in the Butterfield General Terms & Conditions.

FOR BANK USE ONLY

Input by: Date: (DD/MMM/YYYY)

Supervisor's signature: Date: (DD/MMM/YYYY)

Butterfield Business Debit Card number

SECTION H – TAX

Based on our understanding of your business, we expect the Non-Profit Entity to be:

a) tax resident in its Country of Incorporation only; and
b) an Active NFE for both FATCA and CRS purposes, by virtue of it being a Registered Charity/Non-Profit Entity that meets the following criteria:
   i) the Entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
   ii) the Entity is exempt from income tax in its country of residence;
   iii) the Entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
   iv) Neither the applicable laws of the Entity's country of residence nor the Entity's formation documents permit any income or assets of the Entity to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the Entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the Entity has purchased; and
   v) the applicable laws of the Entity's country of residence or the Entity's formation documents require that, upon the Entity's liquidation or dissolution, all of the assets be distributed to an Entity that is a government, a controlled Entity of a government, or another organisation that is a Non-Profit Entity or escheats to the government of the Entity's country of residence or any political subdivision thereof.

Please tick to confirm that this is correct: ☐

In the event that this is not correct, please contact the Client Services Team and provide the appropriate tax documentation.

SECTION I – DECLARATIONS & LEGAL DISCLAIMERS

I/We have been properly authorised to sign this declaration on behalf of _____

(the "Entity") pursuant to a meeting of its _____ dated _____
(DD/MMM/YYYY)

1. I/We apply to open an account(s) and agree that this application form (including this declaration), together with Butterfield's General Terms and Conditions and any applicable Product or Service specific terms and conditions (together, the "Terms"), form the basis of the legal relationship between the applicant and Butterfield, as amended from time to time.
2. I/We acknowledge that the Terms govern the operation of the account(s), including (without limitation) the giving of instructions, the use of electronic communications and signatures, and Butterfield's rights of reliance, limitation of liability and indemnity.
3. I/We represent and warrant that I/we are duly authorised to submit this application and to bind the applicant, and that all necessary corporate or other approvals have been obtained in accordance with the applicant's constitutional documents and applicable law.
4. I/We confirm that all information provided in connection with this application is true, accurate and complete to the best of my/our knowledge and belief.
5. I/We acknowledge that Butterfield will rely on the information provided and undertake to notify Butterfield promptly of any changes to such information in accordance with the Terms.
6. I/We acknowledge and agree that instructions, notices and communications may be given to Butterfield by electronic means and that Butterfield may act on such communications in accordance with the Terms.
7. I/We acknowledge that Butterfield may, acting reasonably and in accordance with the Terms, decline to act on any instruction or require instructions to be provided in a particular form.
8. I/We confirm that the account(s) will be operated in compliance with all applicable laws and regulations.
9. I/We acknowledge and consent to Butterfield collecting, using and disclosing information relating to the applicant and its account(s), including information concerning the applicant's tax status, to relevant tax authorities, regulators or governmental bodies, whether in Bermuda or in any other jurisdiction, in order to comply with applicable law and regulatory requirements, including under FATCA, CRS and similar regimes.
10. I/We confirm that any tax related information and certifications provided are true, accurate and complete, and undertake to promptly provide updated information and documentation as may be required by Butterfield from time to time in order to comply with applicable tax reporting and customer due diligence obligations.

Full name	Full name
Signature	Signature
Date (DD/MMM/YYYY)	Date (DD/MMM/YYYY)

* The Terms and Conditions for all products and services offered by Butterfield can be viewed on our website, butterfieldgroup.com.

APPENDIX – CERTIFIED DOCUMENT CHECKLIST AND REQUIREMENTS

Certified documents

Please provide certified copies of the following documentation to support your application:

- Charter or equivalent constitutional documentation (where no formal constitutional documentation exists, provide a rationale)
- for Limited by Guarantee Companies, the Memorandum & Articles of Association and Certificate of Incorporation or equivalent
- Where the Non-Profit Entity is required to register with the local Charities Commission or equivalent regulatory body, please provide evidence of registration with local Non-Profit Entity registry or equivalent (where the entity is not required to register as an Non-Profit Entity, or has not yet done so, please provide a rationale)
- Authorised Signatory List and Certification completed and signed

Please note that all copy documentation must be certified in accordance with the guidance notes attached.

Position of certifier

All documentation provided is required to be certified by one of the following:

A copy of a document presented in lieu of examining the original document must bear an original certification by an individual holding one or more of the following professional positions:

- A qualified accountant, registered with the relevant national professional body
- A qualified actuary, registered with the relevant national professional body
- A qualified lawyer, attorney or barrister, registered with the relevant national professional body
- Commissioner of Oaths
- A qualified Doctor, registered with the relevant national professional body
- A current employee of the Butterfield Group
- A serving Judge
- A serving Justice of the Peace
- A current Member of Parliament (all Houses) or Local Government Officer
- The Money Laundering Reporting Officer of an organisation subject to the same or equivalent AML/CTF regulations to Butterfield.
- Notary Public
- Officer of an embassy, consulate or high commission of the country or territory that issued the passport or I.D.
- Position deemed "fit and proper" in accordance with regulation in the jurisdiction in which Butterfield operates

Alternatively all originals can be certified in any Butterfield Banking Centre.

Certification wording

The certifier is required to certify all copy documents as follows:

On each photocopied document, the Certifier must write:
"I, [name of certifier] confirm that this is a true copy of the original document which I have seen"

For documents containing a photo, the Certifier must also write:
"I, [name of certifier] confirm that I have met [name of person whose document is being certified] in person and that the photograph is a true likeness of him/her."

In addition to the above, the Certifier must also write his/her:

- Full name
- Signature
- Occupation
- Company/professional address, telephone number and Email address
- Date on which the document was certified

Notes

All certified documents must meet the following criteria:

- The person signing as a Certifier cannot be a relative or family member of the person whose document is certified nor can they reside at the same address as that person.
- All copy documents accepted must be clear and legible.

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