PNC points® Visa® Business Credit Card Application



Apply Today

Fax application to 1-844-205-9527

Now you can get rewarded for the business banking you're already doing. After enrolling in PNC points® or linking your new PNC points Visa® Business credit card to an existing PNC points account, you can earn points with every qualifying purchase. You'll get:

> 5 points for every \$1 in qualifying business credit card purchases1

Redeem your points for valuable rewards like cash, gift cards, travel and more.

The PNC Business Advantage

The PNC points Visa Business credit card comes with valuable features and benefits to help manage business expenses, including:

- > 0% Introductory APR* on purchases for the first 9 billing cycles following account opening and 0% Introductory APR* on balance transfers for the first 9 billing cycles when the balance is transferred within the first 90 days following account opening. Then a variable rate, currently 12.49% to 21.49% APR, based on your creditworthiness.
- > Purchase Security with Extended Protection
- > Emergency Cash/Card Replacement
- > Rental Car Insurance and Roadside Dispatch®
- > **Company-Level Billing**—If multiple cards are issued to your business, you'll receive detailed reporting that enables you to monitor spending and streamline the payment process by making one payment for the entire company.
- > **Greater Spending Control**—You decide which employees receive cards.
- > Professional Presentation— Card features both the employee name and your company name.
- > Free Online Account Management with Account View. Check your current balance, view transactions, make payments
 - Access up to 13 months of transaction detail
 - Download activity to compatible financial software and spreadsheet applications
- > **Designate a Program Administrator** to manage and monitor your points Visa Business credit card accounts. You'll have the ability to change employee credit lines, add and close employee cards, activate cards and more.

Apply for the PNC points Visa Business Card now!

- ¹ You earn points only if your Credit Card is enrolled or linked to your PNC points account before the Qualifying Purchase takes place. A "Qualifying Purchase" is any purchase which is processed or submitted through the Visa U.S.A. Inc. payment system made with an enrolled Credit Card and includes signature-based and PIN-based purchases, Internet purchases, phone or mail-order purchases, or bill payments (other than to another financial institution), contactless purchases (purchases made by holding your Card or other device up to a secure reader instead of swiping your card), or small dollar purchases for which you are not required to sign. Additional restrictions apply. For more information on qualifying purchases, see program terms and conditions at pnc.com/points.
- * The introductory 0% APR is subject to increase in the event a payment is late. Balance transfer fees apply. Keep in mind that if you take advantage of this intro 0% APR balance transfer offer, you may lose any grace period you may have on new purchases. Payments may be applied to pay off low APR balances before paying off higher APR balances. Additional information about account rates and fees is included.



Summary of Account Terms

Annual Fee: None

APR on Purchases: Introductory 0% APR for the first 9 billing cycles following account opening. After that, a variable 12.49% to 21.49% APR, based on your creditworthiness.

Balance Transfer APR*: Introductory 0% APR for the first 9 billing cycles following account opening when the balance is transferred within the first 90 days following account opening. After that, a variable 12.49% to 21.49% APR, based on your creditworthiness.

Other Rates and Fees

Cash Advance APR: 23.49% APR variable Penalty APR: 30.49% APR variable²

Balance Transfer Fee: Either \$5 or 3% of the amount of each balance transfer, whichever is greater.

Cash Advance Fee: Either \$10 or 4% of the amount of each cash advance, whichever is greater (\$75 maximum fee per

transaction).

Foreign Transaction Fee: 3% of the amount of each foreign transaction in U.S. dollars.

Late Payment Fee: Up to \$39

Overlimit Fee: \$39

Balance Transfer Terms Instructions and Information

If the business identified in this application (the "Company") is approved for a credit card account, PNC Bank, National Association ("PNC Bank", "PNC", "Bank", "we", "our" or "us") may permit the transfer of balances and obligations that Company owes other companies or financial institutions ("Balance Transfers") to its credit card account subject to these terms and conditions, the credit card agreement and the terms and conditions of any special Balance Transfer offers we make to the Company. The available credit limit will be reduced by the total amount of the Balance Transfer. Any Balance Transfer must be at least \$200; however, we may choose to process a Balance Transfer for less at our discretion. Balance Transfers will post to the Company credit card account and be separately reflected on its monthly account statements as a Balance Transfer. Company may not request Balance Transfers of existing obligations owed to us or our affiliates. Transferred balances must be from a business account. Balance Transfer requests to individuals for cash will not be processed. If Company requests a Balance Transfer that would cause its credit card account to exceed its credit limit, we may, at our option, (a) accept the entire amount of the requested Balance Transfer and assess an overlimit fee; (b) accept only a portion of the amount requested as a Balance Transfer up to the amount available under the credit limit; or (c) refuse to process any amount of the amount of the requested Balance Transfer. Recently disputed charges with other creditors should not be included in a Balance Transfer request. By transferring an amount in dispute, certain dispute rights the Company may have may be forfeited. Allow approximately three weeks from account opening for processing of Balance Transfers. Balance Transfers will not automatically close the account from which the Balance Transfer was made. Company must contact the other creditor to close that account. Cost information about Balance Transfers is provided for in the disclosure in the Offer Details section. Balance Transfers do not earn rewards. There is no grace period for Balance Transfers.

PNC Bank reserves the right to change or terminate the PNC points program at any time.

PNC points is a registered mark of The PNC Bank Financial Services Group, Inc.

Visa is a registered trademark of Visa International Service Association and used under license.

PNC Bank, National Association (N.A.) is the issuer of the credit card described herein.

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¹ The introductory rate will end early and the APR will increase to the Penalty APR for all balances in the event a payment is late.

² The Penalty APR may apply to all balances in the event a payment is late.

☐ points® Visa® Business
RIID 9101 PR-ID 311 STRG <u>5A15</u>
CHD-11 90054 CHD-12 3550IW PT 190 BT 61 TTC 0372



The enclosed Certification Regarding Beneficial Owners of Legal Entity Customer must be completed, signed and submitted with the application.

Business Name to Appear on Card(s) (21 characters maximum) Business Address (No P.O. Boxes altowed) (24 characters maximum) Suite, Apt., Building, etc. State ZIP Code Suite, Apt., Building, etc. YY/MM State ZIP Code Time in Business State ZIP Code Time in Business State ZIP Code Time in Business Anticipated Annual Spend (Optional) Professional Services (8999) Non Profit (8399) Restaurante, (8812) Construction (1799) Retail (8999) Manufacturing (3999) Agriculture (0762) Professional Services (8999) Non Profit (8399) Non Profit (8399) Outper (9999) State Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Increase of Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Increase of Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Increase of Anticipated Annual Spend (Optional) Is your business legally formed or organized outside of the US? Yes No Increase of Anticipated Annual Spend (Optional) Is your business legally	1. Business Informa	ation – Please print	legibly					
Sulte, Apt., Building, etc. State ZIP Code	Business Legal Name	9				Tax	ID Number or SS#	
Sulte, Apt., Building, etc. State ZIP Code					()	_		
Success Mailing Address (Optional – No P.O. Boxes allowed) (24 characters maximum) Sute, Apt., Building, etc. Y/MM State ZIP Code Time in Business your dorganization: Check One Sole Proprietorship Partnership Nonprofit Corporation Other: Industry Segment (SIC Code) (Check One) Healthcare (8099) Restaurants (5812) Construction (1799) Retail (5999) Manufacturing (3999) Agriculture (0762) Professional Services (8099) Wholesale Trade (5099) Non Profit (3399) Other (9999) Spore Annual Sales Super boundarding on the following? See No Is your business (apaly formed or organized outside of the US? Yes No Is your business one of the following? Yes No Is your business (apaly formed or organized outside of the US? Yes No Is your business one of the following? Yes No Is your business (apaly formed or organized outside of the US? Yes No Industry (Apaly) Addrigunan/Marijuana Related/Medical Marijuana Business - directly engaged in the cultivation/distribution/sale/dispensing of marijuana, products containing or derived from narijuana, drug paraphernalia, or directly providing goods or services to these types of businesses. Fore Money Service Business - 90% or more of your revenue comes from: currency dealing or exchange; check cashing; issue, sale or redemption of checks, money orders, or stored alue; and/or money transmission. The provided of the USP Yes No Individual should be listed as the Controlling Party and signer on the Certification Form // / First Name M.I. Last Name (maximum 21 characters) Date of Birth () - YY/MM Social Security Number Home Phone Number Alternate Phone Number Years at Residence Individual Social Security Number Home Phone Number Alternate Phone Number Years at Residence Wisconsin RESidents ONLY: You have indicated that you live in Wisconsin. You must provide your marital status here. Married Unmarried Separated Unmony, child support or separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Wisconsin	Business Name to Ap	pear on Card(s) (21 o	characters maximum)	Business Phone	e Number		
Suite, Apt., Building, etc. YY/MM State ZIP Code Time in Business Suite, Apt., Building, etc. YY/MM State ZIP Code Time in Business Suite, Apt., Building, etc. YY/MM State ZIP Code Time in Business Suite, Apt., Building, etc. YY/MM State ZIP Code Time in Business Suite, State ZIP Code Time in Business Suite, Apt., Building, etc. YY/MM State ZIP Code Time in Business Suite, State S	Business Address (No	P.O. Boxes allowed) (24 characters maxi	mum)		Suite, Apt., Buildir	ng, etc.	
Sity State ZIP Code Time in Business	City				State	ZIP Code		
Sity State ZIP Code Time in Business	Business Mailing Add	ress (Optional – No	P.O. Boxes allowed) (2	24 characters maximu	m)	Suite, Apt., Buildir	na. etc.	
Speed or organization: Check One Sole Proprietorship Partnership Nonprofit Corporation Other:	, , , , , , , , , , , , , , , , , , ,				,	, , , , , , , , , , , , , , , , , , , ,	· .	
Adultstry Segment (SIC Code) (Check One)	City				State	ZIP Code	Time in Business	
Professional Services (8999)	Type of organization: 0	Check One Sole I	Proprietorship 🗖 Pa	rtnership 🗖 Nonpro	fit □Corporation □Othe	r:		
Anticipated Annual Spend (Optional) Is your business one of the following?						□ Retail (5999) □ Mar	nufacturing (3999) 🗖 Agriculture (0)762)
Is your business one of the following?	\$				<u> </u>			
Arijuana/Marijuana Related/Medical Marijuana Business — directly engaged in the cultivation/distribution/sale/dispensing of marijuana, products containing or derived from narijuana, drug paraphernalia, or directly providing goods or services to these types of businesses. Zore Money Service Business — 50% or more of your revenue comes from: currency dealing or exchange; check cashing; issue, sale or redemption of checks, money orders, or stored alue; and/or money transmission. Internet Gaming/Gambling Business — receives/transmits a bet or wager using the Internet (customary activities of a financial transaction provider, interactive computer service or elecommunications service are excluded). 2. Applicant Information – same individual should be listed as the Controlling Party and signer on the Certification Form	Gross Annual Sales				Anticipated An	nual Spend (Optional)		
Party land, drug paraphernatia, or directly providing goods or services to these types of businesses.	Is your business one of	of the following? $\ \square$	lYes □No		Is your business lega	lly formed or organized o	outside of the US? Tyes No	
Some Money Service Business - 50% or more of your revenue comes from: currency dealing or exchange; check cashing; issue, sale or redemption of checks, money orders, or stored alue; and/or money transmission. Applicant Information - same individual should be listed as the Controlling Party and signer on the Certification Form / /						e/dispensing of marijuan	a, products containing or derived fr	om
Applicant Information – same individual should be listed as the Controlling Party and signer on the Certification Form								
Applicant Information – same individual should be listed as the Controlling Party and signer on the Certification Form			nore of your revenue o	comes from: currency	dealing or exchange; check	casning; issue, sale or n	edemption of checks, money orders	, or stored
2. Applicant Information – same individual should be listed as the Controlling Party and signer on the Certification Form / / First Name M.I. Last Name (maximum 21 characters) Date of Birth -	Internet Gaming/Gan	nbling Business – re		et or wager using the	Internet (customary activitie	s of a financial transaction	on provider, interactive computer se	rvice or
Control Cont	tetecommunications:	service are excluded,	,,					
	2. Applicant Inform	ation – same individ	lual should be listed a	s the Controlling Par	y and signer on the Certifica	ation Form		
							/ /	
Alternate Phone Number Years at Residence Home Phone Number Alternate Phone Number Years at Residence	First Name		M.I.	Last Name (ma	ximum 21 characters)		Date of Birth	
Home Address (No P.O. Boxes allowed) (24 characters maximum) Sity State ZIP Code Email Address Are you a US citizen?			()	_	()	_		
State ZIP Code Email Address Are you a US citizen?	Social Security Numb	er	Home Pho	one Number	Alternate Phon	e Number	Years at Residence	
WISCONSIN RESIDENTS ONLY: You have indicated that you live in Wisconsin. You must provide your marital status here. Married Unmarried Separated Separated Married Unmarried Separated Separated Married Own Other Separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Monthly Mortgage/Rental Amount Length of Employment Business Other Employment Household/family income Business Other Employment Household/family income Investments Government Payments Inheritance Source of Other Income Source of	Home Address (No P.	0. Boxes allowed) (24	4 characters maximu	m)				
WISCONSIN RESIDENTS ONLY: You have indicated that you live in Wisconsin. You must provide your marital status here. Married Unmarried Separated Separated Married Unmarried Separated Separated Married Own Other Separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Monthly Mortgage/Rental Amount Length of Employment Business Other Employment Household/family income Business Other Employment Household/family income Investments Government Payments Inheritance Source of Other Income Source of	City				State	7IP Code	Email Address	
WISCONSIN RESIDENTS ONLY: You have indicated that you live in Wisconsin. You must provide your marital status here.	•	□Ves □Ne Ifn	no: are vou	nt Alien IT Non-resi		Zii Oode	Emait/idaress	
Altimony, child support or separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Own Other	-		-			atus here	□ IInmarried □ Senarated	
Monthly Mortgage/Rental Amount Business Other Employment Household/family income Investments Government Payments Inheritance Monthly Income Source of Income Monthly Income Monthly Other Income								
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Investments Government Payments Inheritance Inheri		Monthly Mortg	age/Rental Amount	Le	ngth of Employment			
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· ·	\$	□ Investments □	Government Paymer	ts 🗖 Inheritance	\$	□ Investments □ (Government Payments 🗖 Inheritar	nce
Additional Conductor Information	Monthly Income	Source of Income			Monthly Other Incom	ne Source of Other Inco	ome	
3. Additional Cardholder Information								
. Name of Additional Cardholder First Name M.I. Last Name Last 4 Digits of Social Security Number	3. Additional Cardh	older Information						
l. Name of Additional Cardholder First Name M.I. Last Name Last 4 Digits of Social Security Number			First Name	M.I.	Last Name		Last 4 Digits of Social Security N	Number
AND CALLEY TO BE IN THE STATE OF THE STATE O			First Name	M.I.	Last Name		Last 4 Digits of So	cial Security

4. Optional Balance Transfers	
Balance Transfer #1	Balance Transfer #2
Account Number	Account Number
Amount to be Paid	Amount to be Paid
Address of Account to be Paid	Address of Account to be Paid
City State Zip Code	City State Zip Code
Exact Dollar Amount to Pay	Exact Dollar Amount to Pay
\$	\$
5. Signature	
I represent to PNC Bank, N.A., ("PNC Bank," "PNC," "Bank," "we," "our" or "us") that United States, and I am authorized to submit this application, which includes the Cert the business (the "Company") identified in this application. I certify that no bankrupto: all information provided is accurate and complete. If Bank issues a credit card(s) to Conditions contained in Bank's credit card agreement ("Agreement") sent to Company are jointly and severally liable for all transactions on the credit card account, which m Company and I promise to pay to the order of Bank or any subsequent holder in accor amount advanced pursuant to this application and the Agreement, including all princi in this application, which includes the Certification Regarding Beneficial Owners of Le Bank does not lend to businesses engaged in certain types of activities or business the requested credit, or may offer a lower credit limit. Bank may retain this application application process for this account, we may obtain information about you and the Coreports and verification of identity, income, assets and other information as needed to including but not limited to file copies of financial statements from any accountant or information. In addition to the information requested as part of this application, Bank Company or me, including delivering a new Certification Regarding Beneficial Owners as may reasonably be requested for purposes of compliance by Bank with applicable needed to authorize the indebtedness incurred hereunder have been accomplished. Original and such facsimile or any reproduction hereof shall be admissible into eviden the original is still in existence. All employees will have access to 100% of Company's credit limit, unless the Company	ification Regarding Beneficial Owners of Legal Entity Customer form on behalf of a proceedings involving me or the Company are in progress or anticipated, and that company, both the Company and I agree to be bound by all terms, provisions and a with the credit cards, and as amended from time to time. Both the Company and I eans that I am personally liable for all amounts due Bank on the credit card account. I dance with the Agreement, at the address listed on the monthly billing statement, the pal, interest, fees, and other charges outstanding. All terms and conditions contained agal Entity Customer form, and the Agreement are incorporated therein by reference. Les organized or formed outside of the United States, and is not obligated to grant in whether or not credit is granted. You understand and agree that as part of the mpany from third parties including but not limited to consumer and business oprocess your application and to service the account if your application is approved, accounting firm. You agree that third parties are authorized to provide us with such may subsequently request, and I agree to provide, additional information from the sof Legal Entity Customer form when requested, as well as any other information policies, laws, and regulations. All appropriate corporate or other similar actions company and I further agree that any facsimile transmission may be treated as an ince as the original itself in any judicial or administrative proceeding, whether or not
may establish set credit spending limits for specific employee credit cardholders' acc	
IMPORTANT INFORMATION ABOUT PHONE CALLS, TEXTS, PRERECORDED AND EMAnumbers that are wireless telephone number(s), including but not limited to, cell or automated dialing system to call or text you or to send prerecorded messages to you (for which you are an authorized signer), with PNC and/or its affiliates. For any type for quality control and training purposes. By providing your email address, you constitute that the provided in the providing your email address.	VoIP numbers, you are consenting to PNC, its affiliates and designees using an in order to service, and collect on, any personal account(s) and business account(s) of phone call with us you consent that the call may be monitored or recorded by us
DISPUTE RESOLUTION THROUGH ARBITRATION: The credit card agreement that governeans that if you or the Company have a claim and we are unable to resolve it informs arbitrated, it will not be heard by a court or a jury. Also, the claim will proceed as an incourt. You have the right to opt out of the arbitration process by providing timely notice agreement for details.	ally, either of us may elect to resolve it by individual binding arbitration. If a claim is
JURY TRIAL WAIVER NOTICE: The credit card agreement that governs Company's cauthorized officer liable for amounts due and owing on the account and PNC Bank a related to the credit card agreement. This is only a summary of the Jury Trial Waive	agree to waive any right to trial by jury in the event of litigation arising out of or
Notice to New York Residents: New York residents may contact the New York State D credit card rates, fees and grace periods.	Department of Financial Services at 800-342-3736 to obtain a comparative listing of all
A consumer report may be requested in connection with this application. Upon your r	equest, you will be informed whether or not a consumer report was requested, and

if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be

requested or utilized in connection with an update, renewal or extension of the credit for which application was made. Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement or court decree adversely affects our rights, unless prior to granting you any credit, we are provided a copy of the agreement, statement or decree, or we have actual knowledge of the adverse obligation.

The information about the costs of the credit card described in this application is accurate as of 06/2022. The information may have changed after that date. To find out what may have changed, call 1-800-474-2101 or write us at P.O. Box 3429, Pittsburgh, PA 15230-3429.

IING A NEW ACCOUNT							
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each borrower that opens an account.							
What this means for you: When Company and you open an account, the Bank will ask for your name, address, date of birth, taxpayer identification number and other information that will allow the Bank to identify you. We may also ask to see your driver's license, organizational documents or other official identifying documents. For some businesses and organizations, the Bank may also need to ask for identifying information and documentation relating to certain individuals associated with the business or organization or the business itself.							
I certify that I have read and agree with the information contained within this application and the Summary of Account Terms. This application is signed individually and on behalf of the Business.							
Signature of Business Owner / Applicant: X Date: Date:							
Issue Date	Expires						
Issue Date	Expires						
	all financial institutions to obta date of birth, taxpayer identifial documents or other official ation relating to certain indivice						



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is the purpose of this form?

To help the government fight financial crime, federal regulation requires 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 ultimately 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 the person opening or updating an account on behalf of a legal entity. 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 individuals opening or updating accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- (i) 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 individual that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Partner, President, Vice President, or Treasurer).

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

You may also be asked to provide a copy of a driver's license or other identifying document for each beneficial owner and controlling party listed on this form.

Note regarding updating information: From time to time the information provided in this form may need to be updated due to changes in the ownership or controlling party of the legal entity customer or its beneficial owners. Further, from time to time PNC may be required to verify the continued accuracy of the information provided.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening or updating an account on behalf of a legal entity must provide the following information:

a.	Name, Type, Address and Taxpayer Identification Number (TIN) of Legal Entity for Which the Account is Being Opened or Updated (i.e., the customer):
	Entity Name:
	Entity Type (e.g. Corporation, Partnership, etc.):
	Entity Address:
	Entity TIN:

b.	Name and Title of Person Opening or Updating Account:						
	Name:						
	Title:						
C.			individual, if any, who, directly or indirectly, through any therwise, owns 25 percent or more of the equity interests of the				
	If no individual meets this de	finition, please check "Bene	ficial Owner Not Applicable" below and continue to section (d).				
	☐ Beneficial Owner Not App	licable					
	For U.S. Persons: Select citizenship provide SSN, Individual Taxpayer Iden		umber (SSN); For Non-U.S. Persons: Select citizenship status (if applicable) and Other Acceptable ID Information				
Naı	me:		% of Ownership:				
Dat	te of Birth:		SSN / ITIN #:				
Res	sidential Street Address:						
	zenship: U.S. Citizen	☐ U.S. Resident Alien	☐ Immigrant Refugee				
	Non-U.S. Persons:						
ID 1	Гуре:	ID #:	Country of Issuance:				
Naı	me:		% of Ownership:				
Dat	te of Birth:		SSN / ITIN #:				
	sidential Street Address:						
l	zenship: U.S. Citizen	☐ U.S. Resident Alien	☐ Immigrant Refugee				
	Non-U.S. Persons:						
ID 1	Гуре:	ID #:	Country of Issuance:				
Naı	me:		% of Ownership:				
Dat	te of Birth:		SSN / ITIN #:				
Res	sidential Street Address:						
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	Non-U.S. Persons:						
ID 1	Гуре:	ID #:	Country of Issuance:				
Naı	me:		% of Ownership:				
Dat	te of Birth:		SSN / ITIN #:				
Res	sidential Street Address:						
1	zenship: U.S. Citizen	☐ U.S. Resident Alien	☐ Immigrant Refugee				
For	Non-U.S. Persons:						
ו חו ו	Гуре:	ID #:	Country of Issuance:				

Entity TIN:



- d. **Controlling Party:** The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
 - An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Partner, President, Vice President, Treasurer); or
 - Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

For U.S. Persons: Select citizenship status and provide Social Security Number (SSN); For Non-U.S. Persons: Select citizenship status (if applicable) and provide SSN, Individual Taxpayer Identification Number (ITIN), Passport or Other Acceptable ID Information

Date of Birth: Residential Street Address: Citizenship: U.S. Citizen U.S. Resident Alien Immigrant Refugee For Non-U.S. Persons: ID Type: ID #: Country of Issuance:	
Citizenship: ☐ U.S. Citizen ☐ U.S. Resident Alien ☐ Immigrant Refugee For Non-U.S. Persons:	
For Non-U.S. Persons:	
ID Type: ID #: Country of Issuance:	
I,	, hereby
I,	ormation l authorized
Signature: Date:	

Entity TIN: _____

RDA0MS06-0518 Page 3 of 3



PRIVACY NOTICE TO CALIFORNIA RESIDENTS

Last Updated Date: April 20, 2021 Effective Date: January 1, 2020

Changes to Our California Privacy Notice

PNC will update this notice in response to changing legal, technology, or business developments. We will post the most up-to-date notice on *pnc.com/privacy*. You can see when the notice was last updated by checking the "last updated" date displayed at the top. For questions, please contact PNC as noted below.

The California Consumer Privacy Act (CCPA) requires us to notify California residents (unless an exemption applies) of the categories of personal information we collect about them, with reference to the categories set forth under the CCPA, and the purposes for which we will use such categories of personal information.

Categories of Personal Information Collected: The relevant categories of personal information PNC may collect about California residents includes:

- Identifiers: such as real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol
 (IP) address, email address, account name, Social Security Number, driver's license number, passport number, or
 other similar identifiers.
- **Customer records:** such as paper and electronic customer records containing personal information, such as name, signature, Social Security Number, physical characteristics or description, etc.
- **Protected classifications under California or federal law:** such as age, race, color, ancestry, national origin, citizenship, religion or creed, marital status, medical condition, physical or mental disability, etc.
- **Commercial information:** such as records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies.
- **Biometric information:** such as genetic, biological characteristics, etc. such as, fingerprints.
- Internet or other electronic network activity information: such as browsing history, search history, website interaction, etc.
- **Geolocation data:** such as physical location or movements.
- Sensory data: such as audio, electronic, visual, thermal, olfactory, or similar information.
- Employment information: such as current or past job history or performance evaluations.
- **Profiles or inferences:** such as profiles reflecting a person's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes.

Purposes of Use: We may use the above categories of personal information as follows:

- To provide the services for which the information was provided, including to maintain and administer any accounts you open with us and to process transactions and payments.
- For authentication, identify verification, and fraud prevention and detection.
- To respond to or address your questions and investigate and resolve any issues.
- To personalize your experience using our websites and services.
- To improve and develop products and services and for other research and analytics purposes.
- To respond to authorized regulatory, compliance, and legal process.
- To evaluate or conduct a merger or to sell or transfer some or all of PNC's assets.
- To protect and defend our rights and interests and those of third parties, including in defense of litigation and other claims against us.

Not covered by this Notice: This Notice does not address or apply to any of the nonpublic information we collect about consumers, pursuant to the Gramm-Leach-Bliley Act (GLBA) or otherwise subject to an exemption under CCPA Section 1798.145. For information, please review our Privacy Notice.

For more details and information about the personal information we collect and how we collect, use and disclose such personal information (as defined by the CCPA) and your rights regarding such personal information, please call 1-888-PNC-BANK (1-888-762-2265) or visit us at *pnc.com/privacy*.

A Spanish version of this document is available at *pnc.com/privacy* as a courtesy to our clients who use Spanish as their primary language. Although PNC has taken every precaution possible to translate the original document correctly, the Spanish translation is only a courtesy to our clients. Please take note that all official documents from PNC will be in English only.