

LEGACY
OPERATIONAL
APPLICATION

FUSION FINANCIAL

Name of person who referred you or how you heard about us: _____

Company Information:

Name of person filling out this form: _____ Title: _____

Company Name: _____ DBA: _____

Physical Street Address of DBA: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different) _____

City: _____ State: _____ Zip Code: _____

Website: _____ Business Phone: _____

Tax ID: _____ Business Type (Corp, LLC, Non-Profit): _____

State License Types (Include pending): _____

Issue Dates (Include projected pending): _____

Local License Types (Include pending): _____

Issue Dates (Include projected pending): _____

Principle/Owner:

Owner Name: _____ Mobile: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Percentage of Ownership: _____ Other Authorized Owner Name: _____

Date of Birth: _____ SS#: _____ Are you a US Citizen? _____

Driver's License or US Passport Number: _____

Issue Date: _____ Expiration Date: _____

- Strictly Private and Confidential -

Type Of Account Requested (For This Application):

Operational, Legacy Cash, Ancillary, Consumer: _____

Funds to Deposit (Cash, Bank or Letter of Credit): _____

Funds Location Name: (Bank, Vault or Onsite): _____

Bank, Vault or Onsite Address: _____

Bank, Vault or Onsite City: _____ State: _____ Zip Code: _____

Country: _____ Currency Type (Euro, USD, GBP, Other): _____

Location Admin Contacts:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Business References:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Business / Cash Management Information

Did you or do you have a bank relationship? _____ If so, Bank Name: _____

How long? _____ Date ended (or current): _____ Reason: _____

Current cash deposits/month: _____ Projected cash deposits/month: _____ Frequency/month: _____

Do you currently pay staff with cash? _____ Are you paying taxes with cash? _____

Are you behind on tax payments with the state? _____ If so, how many months? _____

Are you paying penalties for using cash? _____ If so, how much annually? _____

If any, payroll service used for employees: _____ If any, payroll card type: _____

How many vendors do you pay each month? _____ By what method: cash, check, ach wire? _____

Will you have any checks, cashiers or certified checks to clear the bank? _____

- Strictly Private and Confidential -

Medical/Recreational – Dispensary/Delivery Service:

(Complete section if it applies to your business type)

Do you service medical, recreational or both? _____ % medical sales: _____ % recreational sales: _____

How many customers to you service daily? _____ Busiest day of week? _____ Busiest time of day? _____

Average customer sale amount: _____ Limit (if any) on purchases of product/customer? _____

Average purchase volume/client per week: _____ Average purchase volume/client per month: _____

Are you seasonal? _____ If yes, does, the volume drop in any specific months? _____ If so which month(s): _____

Projected Gross this year: _____ Projected Net this year: _____

Describe your daily procedures when a new customer comes in to make a purchase: _____

Grower/Cultivator/Manufacturer:

(Complete section if it applies to your business type)

Business Type: _____ How many locations do you have? _____

How many square feet are managed? _____ Number of plants: _____

Do you own the facility/real estate? _____ Do you lease facilities? _____ Lease term: _____

Are you performing regular Cannabis testing? _____ Name of Lab: _____

Can you provide documentation if needed? _____

How are your products transported and or delivered? _____

Do you collect and retain all signed invoices for each transaction? _____

Average quantity/weight sold per transaction: _____ Total quantity/weight sold per month: _____

Average number of transactions/month per client: _____ Average purchase amount per sale: _____

Projected Gross this year: _____ Projected Net this year: _____

Describe your procedures when a customer places wholesale order (steps and information collected): _____

- Strictly Private and Confidential -

Distributor/Lab

(Complete section if it applies to your business type)

Business Type: _____ How many locations do you have? _____

How many square feet are managed? _____ Number of plants: _____

Do you own the facility/real estate? _____ Do you lease facilities? _____ Lease term: _____

Are you performing regular Cannabis testing? _____ Name of Lab: _____

Can you provide documentation if needed? _____

How are your products transported and or delivered? _____

Do you collect and retain all signed invoices for each transaction? _____

Average quantity/weight sold per transaction: _____ Total quantity/weight sold per month: _____

Average number of transactions/month per client: _____ Average purchase amount per sale: _____

Projected Gross this year: _____ Projected Net this year: _____

Describe your testing method (if a Lab) or distribution procedures (if distributor): _____

Compliance:

(All business types to complete this section)

Do you employ any type of vendor or compliance training? _____ Does your state require training? _____

Do you conduct employee training? _____ If so, what program(s)? _____

Number of full-time employees: _____ Number of part-time employees: _____

Do you perform "mystery shopping"? _____ Do you have Standard Operating Procedures? _____

Do you employ in-house compliance officer? _____ Do you engage a 3rd party compliance group? _____

If yes, what group or compliance company do you use? _____

Contact name: _____ Phone: _____ Email: _____

State Regulated Compliance Certifications by any staff or principals completed: _____

Date completed: _____ Expiration Date: _____

- Strictly Private and Confidential -

Last date an auditor and or compliance group performed onsite audit: _____

Do you have SOPs or other Compliance Documentation if requested? _____

Have you ever been cited for non-compliance? _____ If so, when and why? _____

Please describe your compliance processes and procedures and how you manage compliance between all facilities: _____

POS System Information

(Complete section if it applies to your business)

Name of current Seed-to-Sale POS Provider and version: _____

Contact Name: _____ Contact phone: _____ Email: _____

Name of prior POS system used for historical records? _____

Is your POS certified to track seed-to-sale? _____ If Medical: is POS HIPAA compliant? _____

You will be required to provide us direct access to your nightly POS reports to monitor inventory and sales activity for purposes of reconciling deposited funds against sales activity. You will also be required to provide quarterly and annual sales and income tax returns. Accept by typing "Yes": _____

The undersigned understands, agrees and confirms that should the Depositor Review Committee approve this application, it will be subject to a recurring account audit which will include confirmation of ongoing compliance by the account holder with respect to all permits, licenses, insurance, bonds and any other city, county, state or federal regulations applicable to the ongoing operations of the account holder. This account will not be subject to U.S. jurisdiction, will not be FDIC insured, will be protected by Society membership confidentiality and will be insured for the entire account balance by an internationally rated insurance provider.

The undersigned applicant hereby confirms the following:

Account Application Fee & Opening Deposit Confirmation

I would like to apply for enrollment and acceptance into the Fusion Financial Members-only services with the:

1. Application Fee of \$ _____, which is submitted with this application.
2. Opening Account Deposit in the amount of \$ _____ USD within 30 days of acceptance.

To be paid by [] Wire Transfer / [] Cashier's Check / [] Company Check / [] Cash

I, _____, hereby declare with full personal and corporate responsibility under penalty of perjury that the information given here is true and correct, genuine and accurate.

Title: _____,

Signed: _____ Date ____ / ____ / ____

- Strictly Private and Confidential -

Initial Compliance Documents

Mandatory documents needed

The checklist below lists the minimum number of documents that are required to establish services with compliance underwriting and banking providers. (Additional items may be requested)

*****For security purposes, we do not accept emailed or faxed documents. Please upload through our secure server or send a secure link to your folder.**

| Documents Required for initial account setup | Checklist |
|--|--------------------------|
| Articles of Formation (Organization or Incorporation) | <input type="checkbox"/> |
| Copy of State Licensing Application Including Operating Agreement | <input type="checkbox"/> |
| Copy of Government ID or US Passport | <input type="checkbox"/> |
| City and state business license (if applicable) | <input type="checkbox"/> |
| State certificate of good standing (including all DBA's and Trade Names) | <input type="checkbox"/> |
| State sales tax license | <input type="checkbox"/> |
| Most recent compliance Audit and Report (if applicable) | <input type="checkbox"/> |
| Current copy of Standard Operating Procedures (SOP) | <input type="checkbox"/> |
| Copies of Responsible Vendor/Compliance Training Certification (if applicable) | <input type="checkbox"/> |
| Vendor/Supplier contact information, contract(s), sample invoices (20%+ of expenses) | <input type="checkbox"/> |
| An inventory list with types of products sold, prices | <input type="checkbox"/> |
| History from the point of Sale Records (90 Days fully operational) | <input type="checkbox"/> |
| Balance Sheets, Cash Flow Statements, and Profit/Loss Statements (3 years) | <input type="checkbox"/> |
| Federal and State Tax returns (3 years or years available) | <input type="checkbox"/> |
| Provide a copy of all "management signatory's badges issued from the state." | <input type="checkbox"/> |

- Strictly Private and Confidential -

Additional Compliance Documentation

*****Upon Request Only *****

Some or all of the information below may be required to facilitate banking and depository institution for clients. Unlike other options and or traditional banking our in-depth compliance systems and requirements allow for long-term, secure and fully compliant banking. Additional information may be requested as part of our review.

*****For security purposes, we do not accept emailed or faxed documents. Please upload through our secure server or send a secure link to your folder.**

| General Information | Checklist |
|---|-----------|
| Application and supporting documentation for licensure | |
| List of all owners and related parties (beginning with those with more than 25% equity and sub-entities) including names, personal address, percentage of ownership, relationship to the organization, citizenship, asset size, & annual income | |
| Corporate leadership tree (showing titles and relationships) | |
| Articles of Incorporation and By-laws | |
| State filings and correspondence for the last twelve months | |
| Financial Information | |
| Income Statements and Balance Sheets for the last twelve months (Excel format) | |
| Copies of audit(s) performed in the last twelve months | |
| Detailed monthly inventory report for last twelve months | |
| Daily sales records for the past 12 months | |
| Vendors | |
| Any policies relating to vendor relationships | |
| List of all key vendors and contact info including location and what they provide | |
| Due diligence or salient information on current vendors | |
| All cash disbursements over \$10k for the last twelve months | |
| Employees | |
| Employee training procedures | |
| Payment methods for employees (current and prospective) | |
| Employee screening process | |
| Miscellaneous | |
| Procedures to ensure customers do not exceed the maximum daily purchase amount | |
| Expansion plans with prospective addresses or project volume if relevant | |
| Procedures to ensure no sales to minors | |
| Employee Handbook (if different from policies and procedures) | |

- Strictly Private and Confidential -