NEW ACCOUNT CHECKLIST

BUSINESS ACCOUNT

- W-9 Form
- Entity Formation Documents including:

 Articles of Incorporation

Authorized Signer Designation

(**example**: Corporate Resolution, Corporate Charter, or business meeting minutes that defines who has authority to invest business assets)

Good Standing verification

(The Good Standing verification can be obtain from the Secretary of State website that the business is incorporated.)

- Copy of a Valid Government Issued Photo Identification
 Drivers License
 State Issued Identification or
 Passport
- Business Account Application



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Business City

BUSINESS ACCOUNT FORM	Where did you hear about Ignite Funding?
section 1 Business Type	
Business Type	
REQUIRED D	DOCUMENTATION FOR ENTITY ACCOUNTS
Corporation or Limited Liability Corporation:	
 Acceptable Identification for all signers Provide verification/certification that the company is in an Acti Sole Proprietorship, Partnership or Unincorporated Corporation: Documents filed to create the entity Documentation that supports: 	ity. (This could be a Corporate Resolution, Corporate Charter, or business meeting minutes.) ive Status/Good Standing in the state where the entity was formed through the applicable Secretary of State ity. (This could be a Partnership Agreement, Business Agreement, or business meeting minutes.) ive Status/Good Standing in the state where the entity was formed through the applicable Secretary of State
Business Name Business EIN Business Date A electron	is not in Good Standing with the state incorporated the account will not be opened or may be restricted.] e of Incorporation Business State of Incorporation nic copy of Form W-9 (Department of the Treasury Internal Revenue Service) is required to be provided
Is the Business the taxable entity? OYes ONO for tax pu	Irposes for the company. The only circumstance this is not required is if the company is a Sole ship and the Authorized Primary Person or Officer is the taxable person.
Business Address (no PO BOX)	

Business State

Business Zip Code

SECTION 3 | Authorized Person or Officer | (Primary)
[The business documentation provided must define the Primary as an authorized person or officer to make investment decisions and sign on behalf of the business.]

Marital Status: Single Married Authoriz	ed Primary Salutation Authorize Primary Business Title							
	Example: CEO, Manager, Treasurer, etc.							
Authorized Primary First Name	Authorized Primary Middle Name							
Authorized Primary Last Name	Authorized Primary Suffix Authorized Primary DOB							
Authorized Primary SSN	The SSN will only be used for verification purposes. The only exception is if the business is not the taxable entity. In this scenario the Authorized Primary Person or Officer will be the taxable person and must provide an electronic copy of Form W-9 (Department of the Treasury Internal Revenue Service) for tax purposes.							
Authorized Primary Address								
Authorized Primary City	Authorized Primary State Authorized Primary Zip Code							
Authorized Primary Phone Number	The Authorized Primary Phone Number will be the phone number used for all telephonic correspondence related to the investments.							
Authorized Primary Email Address	The Authorized Primary E-mail Address will be the email address used for all electronic correspondence related to the investments.							
Authorized Primary Type of Government Issued I	D Authorized Primary ID #							
Authorized Primary ID Expiration Date	An electronic copy of a Government Issued ID (Driver's License, State Issued Identification or Passport) is required to be provided for verification purposes.							
[The business documentation provided must define the Secondary as an authorized person or officer to make investment decisions and sign on behalf of the business.] Marital Status: Single Married Authorized Secondary Salutation Authorize Secondary Business Title								
	Example: CEO, Manager, Treasurer, etc.							
Authorized Secondary First Name	Authorized Secondary Middle Name							
Authorized Secondary Last Name	Authorized Secondary Suffix Authorized Secondary DOB							
Authorized Secondary SSN	The SSN will <u>only</u> be used for verification purposes. The only exception is if the business is not the taxable entity. In this scenario the Authorized Primary Person or Officer will be the taxable person and must provide an electronic copy of Form W-9 (Department of the Treasury Internal Revenue Service) for tax purposes.							
Authorized Secondary Address								
Authorized Secondary City	Authorized Secondary State Authorized Secondary Zip Code							
Authorized Secondary Phone Number	The Authorized Secondary Phone Number will be the phone number used if the Authorized Primary Phone Number is disconnected or non-repsonsive.							
Authorized Secondary Email Address	The Authorized Secondary E-mail Address will be the email address used for all electronic correspondence related to the investments.							
Authorized Secondary Type of Government Issue	Authorized Secondary ID #							
Authorized Secondary ID Expiration Date	An electronic copy of a Government Issued ID (Driver's License, State Issued Identification or Passport) is required to be provided for verification purposes.							

SECTION 5 | Interested Party Designation

Account Owners may add an Interested Party Designee to their account. The designated individual will be entitled to request and receive general account information, including, but not limited to; account balance, loan information, payment details, transaction details and tax information. The designated individual may not execute any transactions on behalf of the account holder or make any changes to the account. Additionally, Account Owners may further designate the named Interested Party Designee as a Trusted Contact, in the event that Ignite Funding has reason to be concerned that the Account Owner is experiencing a fraud, health crisis or another emergency that may affect their financial

affairs.					
O with Ignite Funding but not exe	individual as an Interest ecute documents to ma	ted Party Designee to my/our a ake changes to the account.	count, which grants the named in	dividual tha ability to disc	cuss my account
Individual Name					
Relationship					
Phone Number					
Email Address					
in the event they are concerned	d that a fraud, heath cris	sis or other emergency is affecti	our account, which permits Ignite ng my account or financial affairs. I. gnite Funding will not be able cor	/we understand, l/we am	not required to
Owner(s).	rested Party Designee t	to my/our account. Information	about my/our account may only b	e discussed and shared v	vith the account
Account Owners may remove or add Intereste			nt at any time through written dire	ction to Ignite Funding.	
section 6 Client Relations	snip Question	IS .			
Is the Authorized Primary related to an employee at Ignite Funding?	○ No ○ Yes	If yes, Name of Employee		Relationship	
Is the Authorized Secondary related to an employee at Ignite Funding?	○ No ○ Yes	If yes, Name of Employee		Relationship	
secтion 7 Suitability Requ	iirements				
Pursuant to NRS 645B, investors must Before an investor may invest in any more • The household net worth is more	tgage loan, the inves	stor must verify that he mee	s one or more of the following	financial requirement	
 investment; or The household net income was mexceeding the same income for the 		00 for each of the previou	s 2 tax years and there is a re	easonable expectatio	on of attaining or
The total investments in mortgage loans net annual income.	transacted by a mo	rtgage broker or mortgage	agent are not valued at more t	han 50% of the invest	or's net worth or
Ignite Funding reserves the right to restr believe that a client no longer meets the					
By my/our initials below, I/we agree and	acknowledge that I/v	we meet the minimum finar	icial requirements in order to ir	nvest in a mortgage loa	an.
Authorized Primary Initials	Authorized S	Secondary Initials			

<u>Secondary Account Owner</u> or <u>Business Officer</u> Signature

SECTION 8 DISDUIS	ement Prome					
	unding highly recom	mends verify	ying	downs/payoffs will be automatically deposited that the bank account and routing number a tion being provided.		
Select Bank Account Type		Bank Name	e			
Bank <u>Account</u> #						
Bank Routing #						
section 9 Acknow	/ledgement					
	er, you agree that Ignite sponses. You will receive	Funding may s		d you periodic mobile text messages containing but no per month. Depending on investment offerings, this		
ou may receive a subsequent m Vireless, Sprint, Boost, U.S. Cellula	nessage confirming your ar®, MetroPCS®, InterOp,	r opt-out reque Cellcom, C Sp	est. N oire W	Message and data rates may apply. United States Partic Vireless, Cricket, Virgin Mobile and others.	cipating Carrier	; Include AT&T, T-Mobile®, Verizon
By subscribing or otherwise using and/or advance notice.	g the service, you ackno	wledge and ac	gree	that we will have the right to change and/or terminat	e the service at	any time, with or without cause
o obtain, verify and record inforr obtain your name, address, date equest a copy of a government	e funding of terrorism ar mation that identifies ea of birth, social security n issued identification or c	nd money laur ich individual c number or tax i other identifyir	nderi or ins ident ng de	t ing activities, Federal law (Section 326 of the USA PAT stitution who opens an account with Ignite Funding. \ tification number and other information that will allow ocuments. This information may be compared to info ot be opened, or it may be restricted and/or closed.	When you oper v us to identify	an account, we are required to you. As appropriate, we may also
nereby indemnify Ignite Funding or subsidiaries, for any loss, claim orovided. I acknowledge that the all financial institutions to obtain,	n, their officers, directors, s or damages, including e information provided v , verify and record inforn	, shareholders, I legal fees whi will be used to nation that ide	, age ich m help entifi	is true and correct and may be relied upon by Ignite F ints, employees, attorneys, insurers, insured, successor may be incurred as a result of any violations resulting fi the government fight the funding of terrorism and n ies each person who opens an account. When I open a cion will allow Ignite Funding to identify me.	s, heirs, and assi om their relian noney launderir	gns, and any parents, affiliates, and/ ce upon the information I have ng activities as federal law requires
	to read the Investment			sequent investment documentation disclosure for all i al advice from Ignite Funding and will seek the advice		
This Agreement shall be deemed aws of the State of Nevada.	d to have been made in	the State of Ne	evad	la and shall be conjured and the rights and liabilities o	f the parties det	ermined, in accordance with the
o the date hereof, shall be deter	mined by non-binding a	arbitration An	ny no	oncerning this Agreement and/or the investments off on-binding arbitration under this Agreement shall be c iation located in Clark County, Nevada.		
	r who is a member of a p	punitive class v	who	seek to enforce any pre-dispute non-binding arbitration has not opted out of the class with respect to any claided from the class by the court.		
pased record keeping system to be aw based on the Uniform Electro. The parties agree that any electro constitute a record established as printouts," if introduced in any just conditions as other original busing electronically signed documents means a manually signed signature.	the fullest extent permit onic Transaction Act, and onically signed documer nd maintained in the or udicial, arbitual, mediation ness records created and based on the best evide ure that is then transmitten at) or other replicating	tted by applica d the parties he nt (including the dinary course of on or administed d maintained in ence rule or as ted by electror image attache	able I hereb chis A of bu trative n doe not not nic med to	shall have the same legal validity and enforceability a law, including the Federal Electronic Signatures in Glo by waive any objection to the contrary. This electronic agreement) shall be deemed (i) to be "written" or "in wasiness and an original written record when printed from the proceeding, will be admissible as between the particumentary form. Neither party shall contest the admissiblying the business records exception to the hears neans; "transmitted by electronic means" means sent in an e-mail message; and "electronically signed documents".	bal and Nationa signature shall l riting," (ii) to ha om electronic fi es to the same sibility of the tr ay rule. For pur n the form of a	al Commerce Act or any similar state oe effective to bind this Agreement. ve been signed and (iii) to les. Such paper copies or extent and under the same ue and accurate copies of poses hereof, "electronic signature" facsimile or sent via the Internet as
acknowledge that I have read ar	nd understand the lang	uage of the Ag	greer	ment above.		
Primary Account Owner or	Business Officer Sig	nature			Date	

Date