

INSTITUTIONAL APPLICATION

This institutional application is only applicable to clients referred to River Financial Inc. by Rocket Dollar Inc.

COMPANY INFORMATION

Full Name of Business:		
Business Name <i>If different from above:</i>		
Business Email:	Phone Number:	
Social Security or Taxpayer ID Number:	Social Security Number	Tax ID Number
Company Website URL:		
Jurisdiction of Business Activity:		

BUSINESS ADDRESS

Street Address:		
City:	State:	ZIP Code:
Is mailing address different than business address? <i>(If no, you can leave below section blank)</i>	Yes	No

MAILING ADDRESS

Street Address:		
City:	State:	ZIP Code:

INVESTMENT PROFILE

Annual Income of Company:	Net Worth of Company:
Source of Funds in Account:	Purpose of Account:
Estimated Number of Buy Orders (Monthly):	Estimated Number of Sell Orders (Monthly):
Estimated Buy Volume (Monthly, USD):	Estimated Sell Volume (Monthly, USD):

BUSINESS ACTIVITY INFORMATION

Please check the type of business below that is **MOST** applicable to your entity and answer the corresponding questions.

Financial Institution: <i>B Investment Funds</i> <i>B Private Equity Vehicles</i> <i>B Broker Dealers</i> <i>B Insurance Companies</i> <i>B Venture Capital Vehicles</i> <i>B Investment Advisors</i> <i>B Banks</i> <i>B Trust Companies</i>	Is the company listed on a US Exchange (e.g., NASDAQ, NYSE)?	Yes	No
	Is the company regulated by a US regulatory agency? <i>If yes, please provide registration number:</i>	Yes	No
	Is the company an administrator or exchanger of virtual currency required to register with Money Service Business (MSB)?	Yes	No
	Is the company required to as a Money Transmitter (MT) or Money Service Business (MSB) with the state the company is incorporated in and/or each state the company is operational in?	Yes	No
	Please describe the Corporation's primary purpose(s) and field(s) of activity:		
Operating Entity <i>The corporation provides commercial products or services</i>	Please describe the products or services the company provides:		
Non-Operating Entity <i>B Holding Companies</i> <i>B Estate Planning</i> <i>B Asset Protection Levels</i> <i>B Shell Company</i> <i>B Personal Investment Vehicles</i>	Please describe the primary purpose(s) and field(s) of activity:		
Charitable Organization	Please describe the Entity's charitable purpose:		
Other	Please describe the main purpose(s) and field(s) of activity:		

BUSINESS ENTITY STRUCTURE

C-Corp	S-Corp	Limited Liability Company (LLC)	Partnership	Other
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AUTHORIZED INDIVIDUAL

An Authorized Individual is fully authorized to open a brokerage account in the name of the business, place orders on the account, and act on behalf of the entity.

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	
DOB:	SSN #:	Country of Citizenship:
Official Company Title:	Source of Income:	

CONTROL PERSON(S)

A Control Person is defined as an individual with significant responsibility for managing the entity (Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Partner, General Partner, President, Vice President or Treasurer). A Control Person will not have any authority or be able to take action on the account. If the Control Person is the authorized individual please just fill out the "Full Name" (rest of section can be kept blank). At least 1 Control Person is required.

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	
DOB:	SSN #:	Country of Citizenship:
Official Company Title:	Source of Income:	

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	
DOB:	SSN #:	Country of Citizenship:
Official Company Title:	Source of Income:	

BENEFICIAL OWNER(S) - INDIVIDUAL

A Beneficial Owner is defined as any individual that owns 25% or more of the company. Please provide the following identifying information for any entity that meets this threshold.

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	
DOB:	SSN #:	Country of Citizenship:
% Ownership of Entity:	Source of Income:	

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	
DOB:	SSN #:	Country of Citizenship:
% Ownership of Entity:	Source of Income:	

Full Name:		
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	
DOB:	SSN #:	Country of Citizenship:
% Ownership of Entity:	Source of Income:	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
2	Business name/disregarded entity name, if different from above		
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
6	City, state, and ZIP code		
7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II 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); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.