

Anti-Money Laundering Questionnaire

I. Corporate Information:

1. Name of Managing Member of Entity Completing Questionnaire:	
2. Date Completed:	
3. Completed by:	Name: Title: Email: (Attach Passport/Gov't. Photo ID)
4. Date Established:	
5. Number of Company Members and Equity Percentages:	
6. Type of Business:	
7. Registration Certificate No./License No.:	Federal Reserve ID # , FDIC # , State Lic.#
8. Address:	
9. Principal Place of Business:	
10. Location Of The Head Office:	
11. Website Address:	

II. Owner/Parent Information:

12. Legal Entity Name of parent company:	
13. Percentage of ownership of company:	

III. Ownership Structure:

14. Is the Company wholly or partially owned by a state entity or the government?	Yes	No
15. Is the Company publicly owned and listed on any Stock Exchange? <ul style="list-style-type: none"> • If yes, please provide the name of the Stock Exchange: NASDAQ Stock Exchange (Stock Symbol: EWBC) • If no, please attach a list of the beneficial owners¹ of the Co. (including their nominees, if their shares are held by nominees). 	Yes	No
16. Please confirm whether any of the principal owners of the Co. is considered as Politically Exposed Person ² .	Yes	No

IV. Information Regarding The Country In Which You Are Located And Its Regulations/Regulators (Laws And Supervision):		
20. What is the name of your key regulatory supervisory KYC/AML person?		
21. In what geographic regions does the Company do business?		
22. Has your Country established laws designated to combat Money Laundering and Financing of Terrorism according to international standards and controls?	Yes	No
23. Does your Country's regulatory body require all Financial Institutions to have AML and KYC procedures?	Yes	No
V. General AML Policies, Practices and Procedures:		
24. Has the Company developed written policies documenting the processes that it has in place to prevent, detect and report suspicious transactions?	Yes	No
25. In addition to inspections by the government supervisors/regulators, does the Company have an internal audit function or other independent third party that assesses the adequacy of AML procedures and policies on a regular basis?	Yes	No
26. Are there adequate measures taken by the Company to ensure that no financial services are provided to the listed terrorists and/or sanctioned names notified by your competent parties?	Yes	No
27. Does the Company require that its AML policies and practices be applied to all branches and subsidiaries of the FI both in the home country and in locations outside of the home country?	Yes	No
29. Has the Company or any of it's stakeholders been subjected to a RICO, Money Laundering or Financing of Terrorists investigation in the last five years? <ul style="list-style-type: none"> • If yes, please provide details on a separate sheet as addendum (IV). 	Yes	No
VI. Risk Assessment		
30. Does the Company have a risk focused assessment of its customer base and transactions of its customers?	Yes	No
31. Does the Company determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the Co. has reason to believe pose a heightened risk of illicit activities at or through the Co.?	Yes	No
VII. Know Your Customer, Due Diligence and Enhanced Due Diligence		
32. Has the Co. implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, etc. (for example; name, nationality, street address, telephone number, occupation, age/ date of birth, number and type of valid of official identification, as well as the name of the country/state that issued it)?	Yes	No
33. Does the Co. have a requirement to collect and confirm legitimacy of information regarding its customers' business activities?	Yes	No
34. Does the Co. keep any anonymous numbered accounts?	Yes	No
35. Does the Co. have a policy prohibiting accounts/relationships with shell banks?	Yes	No
36. Does the Co. have policies covering relationships with the following types of entities:		

AML/KYC Questionnaire Form

• Shell banks	Yes	No
• Foreign correspondent banks	Yes	No
37. Do the AML procedures of the Co. comply with the international standards (i.e. Basel Committee, FATF, etc.)? If no, please explain:	Yes	No
VIII. Correspondent Banking Information		
38. Does the Co. have a physical presence ⁴ at the address from which it is operating?	Yes	No
39. Can the Co. verify the identity of any third-party entities that will use the correspondent banking funds for other uses? (Provide a recent Bank Statement)	Yes	No
40. Do any of your bank funds originate from the non-cooperative countries and territories as identified by the FATF?	Yes	No
41. If yes to question 40, has the Co. formulated any procedure in respect to the ongoing monitoring of activities conducted through such correspondent accounts?	Yes	No
IX. Transaction Monitoring		
42. Does the Co have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments (such as traveler's checks, money orders, etc.)?	Yes	No
43. Does the Co. have an established program that includes policies and procedures that include a process (manual or automated) to periodically review client accounts for large or unusual transactions?	Yes	No
44. Does the Co. have an established program that includes policies and procedures for review of wire transfer activity and cash letter activity?	Yes	No
X. AML Training		
45. Does the Co. provide AML training to relevant employees that include identification and reporting of transactions that must be reported to government authorities, examples of different forms of money laundering involving the FI's products and services and internal policies to prevent money laundering?	Yes	No
46. Does the Co. retain records of its training sessions including attendance records and relevant training materials used?	Yes	No
47. Does the Co. have policies or practices to communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	Yes	No

I certify that I have read and understood this questionnaire and that the statements made in this questionnaire are true, complete and correct, and that I am authorized to execute this questionnaire on behalf of the Company.

Signature:

Date:

¹ Person or entity who owns, controls or has power to vote for 25 percent or more of any class of voting securities or other voting interests, or of the 10 largest shareholders if no owner has greater than 25 percent.

² Individuals holding or having held positions of public trust, such as government officials, senior executives of government corporations, politicians, as well as their immediate family and close associates.

³ Company incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.

⁴ Physical presence means that the Company maintains a physical place of business, other than an electronic address, in a country where it is authorized to conduct banking activities, at which it employs on a full-time basis and maintain records of its banking activities, and is subject to supervision by regulators of the country authorizing the legal formation of the Company.