

**One sheet must be established for each account to be opened**

**2. Account Ownership Summary**

Account Name:	[REDACTED] & Karyna Shuliak-[REDACTED] DDA	Acct. Number (if available):	[REDACTED]
Account Manager:	Stewart Oldfield		
What is the purpose of the account (e.g. portfolio management, advisory account, custody services, long-term investment, payment/expense account)? This is a checking account for Individuals. They use the funds for daily expenses.			
Indicate from where the assets are expected to arrive?			
<input checked="" type="checkbox"/> DB Group: Same Booking Center (indicate account number): Existing <input type="checkbox"/> DB Group: Other Booking Center (indicate DB location and account details): <input type="checkbox"/> Other Institution – (Indicate name & location): <input type="checkbox"/> Physical Deposits (specify cash, securities, cheques, ...):			
What is the expected size and frequency of regular inflows and outflows for the account (indicate estimated number and volume per month)?: 2-6/month; \$1 - \$2000			
What is the expected volume of assets and currency for the account approx. 90 days after opening?	24,282.99	Currency	USD
What is the expected volume of assets and currency for the account approx. one year after opening?	24,282.99	Currency	USD
Does/will the client have Assets Under Management (AuM) within DB under Eur. 3M?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Please list all parties related to the account.**

For each party:

- Check if a source of wealth description is required for the party.
- Check the appropriate box to describe the relationship of the party to this account (> 1 can be selected).
- If none of the check boxes apply, describe the party's relation to the account in the "Other" column.
- Always describe the relationship between the parties in the last column.
- Please drill down to the ultimate/underlying Beneficial Owner(s).

	Legal Entity	Description of Source of Wealth required	Parties related to this account	Account Holder	PIC Owner	Settlor of Trust / Founder of Foundation	Ultimate Beneficial Owner	Signatory or Full POA	Limited POA	Financial Intermediary (FIM)	Significant Shareholder (>=25% Non-PIC entity (indicate ownership %))	Legal Representative	Grantor/Settlor	Founding Donor	Other (please describe other roles and/or indicate relationship between parties)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Karyna Shuliak	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	