

PLEASE REVIEW CAREFULLY

We WILL NOT open your account without a completed application and **ALL** required documents.

***See Part 5 before proceeding to determine whether DCU can open an account for your business.**

If you are a Sole Proprietor

You may apply for a Business Account* if you are in DCU's field of membership and provide the required documentation

- Business name must be registered with the appropriate town, county or state
- Account opened under Sole Proprietor's SSN or EIN assigned to the business entity (If using an EIN, we will require a copy of the IRS letter evidencing issuance of the EIN)
- Authorized signatories are allowed (not required to be in our field of membership)
- DCU Debit Card available to Sole Proprietor and Authorized Signatory(ies) (limit of four cards)

Required Documentation:

- Completed and signed Application
- Acknowledgement of registered name from city or state where registered
- Official letter evidencing assignment of EIN being used on account if not Sole Proprietor's SSN

If your business is a Partnership, Limited Liability, or Corporation

You may apply for a Business Account* if you meet the following criteria:

All partners in a partnership, members of a limited liability company, or stockholders/owners of a corporation **MUST** be in DCU's field of membership to open a Business Account. (See membership Eligibility on this web site to see if you qualify.) If not currently a DCU member, required identification must be provided by all business owners being given access to the account.

- Account must be opened under EIN assigned to business entity
- Account name must match exactly that for which EIN has been assigned
- Authorized signatories are allowed (not required to be in our field of membership)
- Beneficial Owners are not required to be in our field of membership
- DCU requires one partner, member or officer be listed as a Managing Partner, Managing Member or Executive Officer for the purpose of authorizing changes to the account
- Transactions may be authorized by any ONE individual listed on the account. All business owners listed on the account must provide required identification
- Beneficial Owners, unless they are account owners, will not have access to view or transaction on the account
- DCU Debit Card available to business owners named on account and Authorized Signatory(ies) (limit of four cards)

Required Documentation:

- Completed and signed Application
- Authority to Obtain Financial Services form (*See last page*)
- A copy of the IRS letter evidencing issuance of the EIN
- Evidence that your formation documents exist. This would be for example just those pages showing the formation date and signatory authorizations of your Partnership Agreement (partnership), Operating Agreement (LLC) or Articles of Incorporation (corporation)
- Current identification must be provided for all beneficial owners (clear photocopies are acceptable)
- Certification of Beneficial Owner(s) and Controlling Person of the Legal Entity

What You Can Expect

Upon receipt of a completed application and all required supporting documentation, you can expect to have your Account opened, and receive your Personal Identification Number (PIN), Debit Card(s), and checks (as applicable) within **2 WEEKS**.



Business Account Application

Account Number: _____
(Assigned by DCU)

IMPORTANT INFORMATION

We are required, by federal law, to obtain, verify, and record information that identifies each business or individual opening a DCU Membership. We will ask for your business legal name, business address, TIN/EIN, and Phone Number. **REQUIRED IDENTIFICATION:** Individuals must provide the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both, you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required). **REQUIRED IDENTIFICATION** for the Business entity is listed at the beginning of this form under CHECKLIST.

DCU reserves the right to request additional identification.

Misplace your EIN? Go to www.IRS.gov, and search "Misplace Your EIN" or call 800.829.4933.

Part 1 General Information and Business Type			
(Check One): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLP/LLC <input type="checkbox"/> Sole Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Name MUST match SSN/EIN being given in Section 8. "Individual Name" should only be completed if Sole Proprietor or Sole Member LLC.			
Business Name	Individual Name		
Mailing Business Address if different than Physical Address (number, street, and apt or suite no.)	City	State	Zip
Physical Business Address (number, street, and apt or suite no.)	City	State	Zip
Business Phone (no dashes)	State in which Business is Registered	Date Business Registered	
Email Address	Web Address		
Business Industry - Be Specific (i.e. car dealership, convenience store, restaurant, etc.)	Actual Goods Sold or Service(s) Provided		

Part 2 Account Services (check those for which you are applying)		
<input checked="" type="checkbox"/>	Primary Savings Account (please include no less than \$5 with this application - required to open and maintain Membership)	
<input type="checkbox"/>	Personal Identification Number (PIN) for Electronic Service usage. (I understand this will be generated and mailed address provided in Section I)	
<input type="checkbox"/>	Electronic Accessibility via PC Branch and Easy Touch Telephone Teller	
<input type="checkbox"/>	I will receive Electronic Statements for all my accounts, enrollment for which will be sent to the email address above, unless I check here.	
<input type="checkbox"/>	Free Checking *	
<input type="checkbox"/>	Business Premier Checking* (\$20,000 minimum to earn dividends and avoid monthly fee)	
<input type="checkbox"/>	Money Market (\$1,000 minimum to earn dividends)	
<input type="checkbox"/>	LTD Savings (\$25,000 minimum to earn dividends. One free withdrawal monthly.)	
<input type="checkbox"/>	Debit/ATM Card * (if checked, a card will automatically be issued in the name of the individual listed in Part 3. I understand that (up to three) additional cards may be issued each in the name of anyone listed in part 4. Please order an additional card for:	
1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
*Upon approval		

Part 3 Account Manager General Information and Membership Qualification			
DCU Requires one individual be named who will have the authority to make changes to the Membership (e.g. change address, email, open account)			
Individual's First Name	Middle Name	Last Name	
DCU Member Number (if applicable)	← If already a DCU Member, you need only provide your Member # to the left before proceeding to the next Part.		
Residential Address (number, street, and apt or suite no.)	City	State	ZIP
DOB	Gender	SSN	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining)		<input type="text"/>	

Part 4a Additional Authorized Partner(s), Member(s), Officer(s) – must be in DCU's field of membership**For changes to Partners, Members or Officers, this Membership must be closed, and a new Membership opened.**

Individual's Last Name		First Name		Gender	SSN
DCU Member Number (if applicable)		◀ If already a DCU Member, you need only provide your Member # to the left before proceeding to the next Part.			
Residential Address (number, street, and apt or suite no.)					Email
City	State	ZIP	Phone	Date of Birth ____/____/____	
Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining)					

This individual should have access to All Accounts All Savings Only All Checking Only Account #____ Only
(NOTE: Access using the PIN, Online Banking/Mobile App and/or Debit Card cannot be limited to a particular Account)

Individual's Last Name		First Name		Gender	SSN
DCU Member Number (if applicable)		◀ If already a DCU Member, you need only provide your Member # to the left before proceeding to the next Part.			
Residential Address (number, street, and apt or suite no.)					Email
City	State	ZIP	Phone	Date of Birth ____/____/____	
Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining)					

This individual should have access to All Accounts All Savings Only All Checking Only Account #____ Only
(NOTE: Access using the PIN, Online Banking/Mobile App and/or Debit Card cannot be limited to a particular Account)

Part 4b Additional Signatory(ies)**For changes to Additional Signatories, the Individual named in Part 3 must complete a Business Membership Change and New Accounts Form.**

Individual's Last Name		First Name		Gender	SSN
DCU Member Number (if applicable)		◀ If already a DCU Member, you need only provide your Member # to the left before proceeding to the next Part.			
Residential Address (number, street, and apt or suite no.)					Email
City	State	ZIP	Phone	Date of Birth ____/____/____	

This individual should have access to All Accounts All Savings Only All Checking Only Account #____ Only
(NOTE: Access via use the PIN, Online Banking/Mobile App and/or Debit Card cannot be limited to a particular Account)

Individual's Last Name		First Name		Gender	SSN
DCU Member Number (if applicable)		◀ If already a DCU Member, you need only provide your Member # to the left before proceeding to the next Part.			
Residential Address (number, street, and apt or suite no.)					Email
City	State	ZIP	Phone	Date of Birth ____/____/____	

This individual should have access to All Accounts All Savings Only All Checking Only Account #____ Only
(NOTE: Access using the PIN, Online Banking/Mobile App and/or Debit Card cannot be limited to a particular Account)

- **Sole Proprietor:**
Business name must be registered with the appropriate town, county or state
Account opened under Sole Proprietor's Social Security Number or Tax Identification Number • Authorized signatories do not need to be in the field of membership • Check Card available to Sole Proprietor and Authorized Signatories (limit up to four cards) • ***If the sole proprietor's SSN is not being used on this account, must also submit proof of Taxpayer Identification Number: Official IRS document with TIN.***
- **Sole Member LLC:**
Account opened under Sole Member's Social Security Number or Tax Identification Number • DCU requires the Sole Member to be listed as the Managing Member • Authorized signatories and Beneficial Owners do not need to be in the field of membership • Check Card available to Sole Member and Authorized Signatories (limit up to four cards) • **Must also submit a copy of the Operating Agreement (a Limited Liability Company), or evidence of the Operating Agreement if a Limited Liability Company, or Articles of Incorporation/Organization if a Limited Liability Company or Organization • An example of such evidence would be the 1st and last page of the Document reflecting the formation date and authorized signature(s) • Must complete and sign Certification of Ultimate Beneficial Ownership and Controlling Person of Legal Entity and provide current identification for all beneficial owners (clear photocopies are acceptable) • A change in Beneficial Owner(s) or Controlling Person require a new Certification of Ultimate Beneficial Ownership and Controlling Person of Legal Entity • If the Sole Member's SSN is not being used on this account, must also submit proof of Taxpayer Identification Number: Official IRS document with TIN.**
- **Partnership, Limited Liability, or Corporation:**
Account will be opened under the Tax Identification Number supplied in section 7. and MUST match business/organization name provided • DCU requires one partner, member, or officer to be listed as the Managing Partner, Managing Member, or Executive Officer • Authorized signatories and Beneficial Owners do not need to be in the field of membership • Check Card issued to Partners and Authorized Signatories (up to four cards) • Only Authorized Signatories can be changed. A change in Partners or Members requires a new Membership. A change in Beneficial Owner(s) or Controlling Person require a new Certification of Ultimate Beneficial Ownership and Controlling Person of Legal Entity • **Must also submit a signed Authorization to Obtain Financial Services, proof of Taxpayer Identification Number: Official IRS document with TIN, and evidence of the Partnership Agreement if a Partnership, the Operating Agreement if a Company, or the Articles of Incorporation if a Corporation. An example of such evidence would be the 1st and last page of the Document reflecting the formation date and authorized signature(s) • Must complete and sign Certification of Ultimate Beneficial Ownership and Controlling Person of Legal Entity and provide current identification for all beneficial owners (clear photocopies are acceptable) • A change in Beneficial Owner(s) or Controlling Person require a new Certification of Ultimate Beneficial Ownership and Controlling Person of Legal Entity.**

DCU DOES NOT CURRENTLY OFFER BUSINESS SERVICES FOR OR RELATED TO THE FOLLOWING

DCU is currently unable to open and support accounts for businesses/entities involved in any of the following due either to the current legal status of the endeavor, available DCU account structures, expected volume, or degree of oversight required of a financial institution maintaining such accounts. By continuing with this application, you are certifying that you do not now **nor will you in the future** participate in activities related to:

- **CANNABIS PLANTS/MARIJUANA RELATED BUSINESSES (MRBs):** Currently, while the growth, sale, and distribution of some products derived from the Cannabis plant is legal, some Cannabis plant-related activities remain illegal at the federal level. As a federal credit union, and due to the degree of oversight required, we are unable at this time to provide banking services to the Cannabis industry or any groups or industries affiliated with it in any way. This includes those providing direct services (ex. Planting, Processing, Transporting, etc.), or those providing indirect services (ex. Payment Processors, Advertising, Hydroponic Supplier, lessor of a commercial property to a direct service provider, etc.).
- **VIRTUAL CURRENCY:** Using, exchanging, administering, and mining
- **INTERNET GAMBLING:** The Illegal Internet Gambling Act of 2006 prohibits certain transactions related to Internet gambling. DCU does not maintain accounts if any portion of the business income comes from Internet gambling
- **INTEREST ON LAWYER TRUST ACCOUNTS (IOLTAS)**
- **MONEY SERVICES (MSB):** This includes accounts for Agents acting on behalf of a larger MSB.
- **POLITICAL ACTION COMMITTEES (PACS)**
- **NON-BANK OWNED (PRIVATELY-OWNED) ATM/ATM SERVICES PROVIDER:** This means we are unable to open an account for you if you provide services for an ATM or have an ATM on premises that is not directly owned by a financial institution.
- **THIRD-PARTY PAYMENT PROCESSORS (TPPPS)**

DCU is required by Federal law to know its members. To do this, we must perform due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All of the following questions require answers. **Failure to answer any question, leaving fields blank, or providing insufficient detail in your responses may result in our having no choice but to deny opening the membership.**

GENERAL INFORMATION:

1. What is the business structure of your organization?
 - Sole Proprietor
 - LLP/LLC
 - Sole Member LLC
 - Partnership
 - Corporation

2. Are you registered to do business in the state in which the business is physically located?
 - Yes
 - No

3. What type of business is this? Be specific and explain in detail. For example: online retailer selling sports memorabilia; retail store selling women's clothing, handbags, and jewelry; IT consulting to provide software development and network services

4. Which of the following will your account(s) be used for?
 - General operating funds
 - Payroll
 - Savings
 - Credit card processing
 - Other

5. Will you be using a safe deposit box?
 - Yes
 - No

DECLARED BEHAVIOR:

6. Which of the following types of transactions will you perform?
 - Cash Deposits** - Approximately how much cash do you expect to deposit each month:

<input type="checkbox"/> No cash deposits	<input type="checkbox"/> \$20,000 - \$50,000
<input type="checkbox"/> \$0.01 - \$1,000	<input type="checkbox"/> \$50,000 - \$100,000
<input type="checkbox"/> \$1,000 - \$3,000	<input type="checkbox"/> \$100,000 - \$200,000
<input type="checkbox"/> \$3,000 - \$5,000	<input type="checkbox"/> \$200,000 - \$500,000
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$500,000 - \$1,000,000
<input type="checkbox"/> \$10,000 - \$20,000	<input type="checkbox"/> \$1,000,000+

Cash Withdrawals - Approximately how much cash do you expect to withdraw each month

- | | |
|--|--|
| <input type="checkbox"/> No cash withdrawals | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Will you be using a **courier or armored car service** to complete your cash transactions?

- Yes
 No

Incoming Wires: What is the monthly total that you expect to receive

- | | |
|--|--|
| <input type="checkbox"/> No incoming wires | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Will you receive incoming wire transfers from non-US locations?

Yes - From which countries do you expect these wires will be received?

No incoming wire transfers will be received from non-US locations

Outgoing Wires: What is the monthly total that you expect to send

- | | |
|--|--|
| <input type="checkbox"/> No outgoing wires | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Will you send outgoing wire transfers to non-US locations?

Yes – To which countries do you expect these wires will be sent?

No outgoing wires will be sent to non-US locations.

Incoming (Non-Wire) Electronic Transfers: What is the monthly total of incoming electronic transfers that you expect: * Funds coming into an account through ACH transfers, such as recurring payments received from members

- | | |
|--|--|
| <input type="checkbox"/> No incoming (non-wire) Electronic Transfers | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Will these transfers be received from non-US locations?

- Yes – From which countries do you expect these transfers will be received?

- No transfers will be received from non-US locations

Outgoing (Non-Wire) Electronic Transfers: What is the monthly total of outgoing electronic transfers that you expect: * Funds leaving an account through ACH transfers, such as regular payments to suppliers or company payroll.

- | | |
|--|--|
| <input type="checkbox"/> No outgoing (non-wire) Electronic Transfers | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Will these transfers be sent to non-US locations?

- Yes – To which countries do you expect these transfers will be sent?

- No transfers will be sent to non-US locations

Check Deposits: What is the monthly total that you expect to deposit:

- | | |
|--|--|
| <input type="checkbox"/> No check deposits | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Will you be depositing checks remotely using mobile/remote deposit capture? **This is a deposit made by capturing the image of a check and transmitting it electronically to your account at the Credit Union via mobile phone or online banking.**

- Yes
 No

Check Withdrawals: What is the monthly total that you expect to write in checks:

- | | |
|---|--|
| <input type="checkbox"/> No check withdrawals | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

Monetary Instrument Purchases: What is the monthly total that you expect to purchase

- | | |
|---|--|
| <input type="checkbox"/> No Monetary Instrument Purchases | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

ATM Deposits: What is the monthly total that you expect to deposit at an ATM:

- | | |
|--|--|
| <input type="checkbox"/> No ATM Deposits | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

ATM Withdrawals: What is the monthly total that you expect to withdraw at an ATM:

- | | |
|--|--|
| <input type="checkbox"/> No ATM Withdrawals | <input type="checkbox"/> \$20,000 - \$50,000 |
| <input type="checkbox"/> \$0.01 - \$1,000 | <input type="checkbox"/> \$50,000 - \$100,000 |
| <input type="checkbox"/> \$1,000 - \$3,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$3,000 - \$5,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+ |

INTERNET GAMBLING:

Does any portion of business income come from Internet gambling?

- Yes – **IMPORTANT:** The Illegal Internet Gambling Act of 2006 prohibits certain transactions related to Internet gambling. As stated on part 5 above, DCU does not maintain accounts if any portion of the business income comes from Internet gambling.
- No Internet gambling

CANNABIS/MARIJUANA-RELATED BUSINESS:

Is this a cannabis/marijuana-related business?

- Yes – **IMPORTANT:** while the growth, sale, and distribution of some products derived from the Cannabis plant is legal, some Cannabis plant-related activities remain illegal at the federal level. As a federal credit union, and due to the degree of oversight required, we are unable at this time to provide banking services to the Cannabis industry or any groups or industries affiliated with it in any way. This includes businesses that receive funding from the Cannabis industry or associations established for the growth, promotion, or sale of products derived from the Cannabis plant.
- No this is not a cannabis/marijuana-related business (includes Tier I, Tier II and Tier III)

PROFESSIONAL SERVICE PROVIDERS:

Do you act as an intermediary between your clients and the bank, performing services or arranging for services to be performed on your client's behalf? * Professional service providers include lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients, and who may conduct financial dealings for their clients. For example, an attorney may perform services, or arrange for services to be performed on a client's behalf, such as settlement or real estate transactions, asset transfers, of real estate transactions, asset transfers, management of client monies, investment services, and trust arrangements.

What services do you provide?

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Funds management | <input type="checkbox"/> Notary |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Investment advisory | <input type="checkbox"/> Tax preparation |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Trust management |

Will other professionals be using this account?

- Yes
- No

Not a Professional Service Provider

EMBASSY, FOREIGN CONSULATE OR FOREIGN MISSION:

Is the organization an embassy, foreign consulate or foreign mission?

- Yes – What is the home country of the embassy, foreign consulate or foreign mission?

- No - The organization is not an embassy, foreign consulate or foreign mission.

NONBANK FINANCIAL INSTITUTIONS (EXCLUDING MSB):

Are any of the following services a core function of your business? (Meaning you provide any of these services to your customer base.)

- Casinos, card clubs or gaming establishments (with annual revenues greater than one million dollars)
- Securities, futures commissions or commodity trading - A broker or dealer registered with the Securities and Exchange Commission, or a futures commission merchant, commodity trading advisor, or commodity pool operator registered, or required to register, under the Commodity Exchange Act.
- Insurance
- Loan/Finance
- Credit cards system operation (This does not mean you accept credit cards for payment from your customers. This means you are a third-party processor for credit card payments.)
- Precious metals, stones, or jewels (with purchase or sales of more than \$50,000 per year)
- Pawn Broker
- Travel agency
- Telegraph company
- Vehicle sales (automobiles, airlines, boats)
- Real estate closing and settlement
- U.S. Postal Service
- Federal, state or local government agency carrying out a duty or power of a business described above
- None of the above

MONEY SERVICES BUSINESS (MSB):

Does your business involve any of the following?

- Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day
- Cash checks in amounts greater than \$1,000 for any one person in one day. (This does not include accepting a check for payment from your customer. This is accepting a check and handing that same amount back to the customer in cash or allowing a customer to write a check for greater than the purchase amount and handing the difference back to the customer in cash.)
- Issue or sell money orders in amounts greater than \$1,000 to any one person in one day
- Transmit money on your member's behalf electronically from one location to another
- Administer or exchange virtual currency
- Non-network-branded card sales that exceed \$2,000 maximum value per device on any given day
- Network-branded card sales that exceed \$1,000 maximum per device on any given day

IMPORTANT If you answered yes to any of the above, your business is considered a Money Services Businesses. As stated on part 5 above, DCU does not maintain accounts for Money Services Businesses as we are unable to provide the degree of oversight required of a financial institution maintaining accounts.

- No, we do not perform any of the above MSB functions

NONGOVERNMENTAL ORGANIZATIONS OR CHARITIES

Do you depend, in whole or in part, on charitable donations and voluntary services for support?

- Yes

In what country is your organization chartered?

Do you have donors or volunteers from non-US countries?

- No
- Yes – In what counties are your donors or volunteers located?

- No – The organization does not depend, in whole or in part, on charitable donations and voluntary services for support.

BULK SHIPMENTS OF CURRENCY

Does your company offer courier or armored car services to ship currency on your customer's behalf?

- Yes
- No

THIRD-PARTY PAYMENT PROCESSORS * Non-bank or third-party payment processors are entities that provide payment-processing services to merchants and other business entities.

Will you be processing transactions that benefit a third-party?

- Yes – IMPORTANT: As stated on part 5 above, DCU does not maintain accounts for Third-Party Payment Processors.
- Not a Third-Party Payment Processor

PRIVATELY-OWNED ATM *

Do you own, operate or replenish an ATM?

- Yes – IMPORTANT: As stated on part 5 above, DCU does not maintain accounts for Privately-Owned ATMs. DCU is unable to maintain the degree of oversight required of a financial institution maintaining accounts for privately (non-bank) owned ATM Service Providers. This means we are unable to open an account for you if you have an ATM on premises that is not directly owned by a financial institution.
- Not a Privately-Owned ATM Service Provider nor is there a Privately-Owned ATM on premise.

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entities maintaining accounts. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who must complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a **legal entity includes** a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity does not include** sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information, in the case of non-US persons), as well as a copy of a photo ID for the following individuals:

PART B: Beneficial Owners: Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
Up to four individuals

PART C: Controlling Person: An individual with significant responsibility for managing the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Please note that the individuals identified on the attached form will not have access to the DCU Membership unless they have been specifically added as account owners or authorized signatories.

Important: If another legal entity owns 25% or more of the legal entity for whom this DCU Membership is open, please complete the **Beneficial Owner(s) and Controlling Person of a Legal Entity form** (attached) and the **Beneficial Owner(s) and Controlling Person of a Legal Entity – Addendum** (Please see a DCU Representative for the addendum).

THE INDIVIDUAL COMPLETING THIS APPLICATION AGREES TO NOTIFY DCU IMMEDIATELY IF THERE IS A CHANGE IN THE BENEFICIAL OWNER(S) OR CONTROLLING PERSON IDENTIFIED BELOW.



Certification of Beneficial Owner(s) and Controlling Person of Legal Entity (Business)

DCU Member # _____

Legal Entity (Business) Name _____

Check the box below to identify the type of legal entity:

- Sole Proprietorship (DO NOT COMPLETE THIS CERTIFICATION: A sole proprietorship has no separate existence from its owner and is not considered a **legal entity** for these purposes).
- Sole Member LLC
- LLP/LLC
- Partnership
- Corporation

Instructions:

1. Always complete Parts A, C and D of this form
2. Complete Part B identifying any owner of 25% OR MORE of the legal entity*
3. The same person may be listed in each Part of this form
4. All fields must be **fully** completed, even if the information was previously provided elsewhere on this Application

*If the legal entity is a **Non-Profit Company**, check this box (Part B is therefore not applicable)

Part A: Business Account Member

Legal Name of Business Entity

Business' Physical Street Address, City, State, Zip Code

Name of the Natural Person Completing this Form

Title of the Natural Person who is completing this form

Part B: Beneficial Owners

Complete the following information for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed in Part A.

Note: If no individual or legal entity meets this definition of beneficial owner, check this box to specify "Not Applicable" and skip to Part C.

Does a separate legal entity own 25% or more of the legal entity listed in Part A? _____

If **YES**, a **Beneficial Owner(s) and Controlling Person of a Legal Entity – Addendum** must be completed. See a DCU Representative for the addendum. The membership will not be opened until this addendum is completed.

Individual Beneficial Owner #1:

Full Name

_____/_____/_____
Date of Birth

SSN

_____/_____/_____
ID Date of Issuance

ID Expiration Date

Physical Street Address, City, State, Zip Code

ID Type

ID Number

ID State (or Country) of Issuance

Percent of Ownership

Individual Beneficial Owner #2:

Full Name
____/____/____
Date of Birth

SSN
____/____/____
ID Date of Issuance
____/____/____
ID Expiration Date

Physical Street Address, City, State, Zip Code

ID Type

ID Number

ID State (or Country) of Issuance

Percent of Ownership

Individual Beneficial Owner #3:

Full Name
____/____/____
Date of Birth

SSN
____/____/____
ID Date of Issuance
____/____/____
ID Expiration Date

Physical Street Address, City, State, Zip Code

ID Type

ID Number

ID State (or Country) of Issuance

Percent of Ownership

Individual Beneficial Owner #4:

Full Name
____/____/____
Date of Birth

SSN
____/____/____
ID Date of Issuance
____/____/____
ID Expiration Date

Physical Street Address, City, State, Zip Code

ID Type

ID Number

ID State (or Country) of Issuance

Percent of Ownership

Part C: Controlling Person

Complete the following information for **one** individual with significant responsibility for managing the above listed business, i.e., Executive officer (CEO, CFO and COO), senior manager, director, controller or any other individual who regularly performs similar functions. **If applicable, an individual listed above as a Beneficial Owner may also be listed in this section.**

Full Name
____/____/____
Date of Birth

SSN
____/____/____
ID Date of Issuance
____/____/____
ID Expiration Date

Physical Street Address, City, State, Zip Code

ID Type

ID Number

ID State (or Country) of Issuance

Part D: Certification

I, _____ (name of the natural person completing this form), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

Part 8 Certification and Agreements

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For individuals, this is your social security number (SSN). For most entities this is the EIN assigned to the business. See the chart in the TIS Disclosure for guidelines on what number to enter. **Misplace your EIN?** Go to www.IRS.gov, and search "Misplace Your EIN" or call 800.829.4933.

Employer Identification Number (EIN)
 _____ -- _____

or

Social Security Number (SSN)
 _____ - _____ - _____

Certification - Under penalties of perjury, I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3)* I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (4) I am a U.S. person (including a U.S. resident alien).

*I agree to check here if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

Agreements: All those of us who must be in your field of membership (See CHECKLIST on Page 1) certify that we are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in your Truth-in-Savings (TIS) Disclosure and Account Agreements. Signing below and/or use of the PIN issued for this membership constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services Disclosure and Agreements, the Visa Credit Card Agreement and Federal Truth-in-Lending Disclosure, and the Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services being currently requested or those requested in the future (Easy Touch Telephone Teller and Online Banking will be immediately accessible). A copy of any of these disclosures can be obtained online at dcu.org, at any branch office, or through your Information Center. These disclosures (as applicable) will be mailed to the address on record once the membership has been opened.

If I am the Managing Partner, Managing Member, or Executive Officer, I am at least 18 years of age. If I am a Sole Proprietor and not yet 18 years of age, I understand I must have a parent or legal guardian named on this account as well. I (meaning each of the persons who signs below) authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information. Each of the persons who sign below is duly authorized to act with respect to transacting on the account(s) and the credit union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign below until the Credit Union receives written instructions to the contrary. Only Additional (non-owner) Signatories can be changed or removed. Changes in Ownership will require a new Membership be opened. Changes to the Membership require Managing Partner, Managing Member, or Executive Officer authorization. In no way will the Credit Union be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Further each and all who sign this form assume full responsibility for enforcing the provisions of any operating or other Agreement pertaining to the business which has NOT been provided to the Credit Union and agree that DCU SHALL IN NO EVENT BE LIABLE FOR ITS CONTENTS., In addition each certifies that 1) all necessary steps have been executed to legally establish the business referenced above, 2) all partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable are also in DCU's field of membership, 3) transactions between this Membership and any other DCU memberships will only be performed per written request, and 3) I/We understand that transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account.

DCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in **Part 6**.

AUTHORIZED SIGNATURES (must include ALL listed in Sections 3 and 4):

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

INTERNAL USE ONLY

Rec'd ____/____/____ Proc By # _____ Reviewed* By # _____ *means this individual attests to having confirmed the following:

- EIN-Name matches documentation provided
- Application has been completed
- All required documentation has been obtained (including additional documentation if required)
- Information has been entered correctly
- Certification of Beneficial Owner(s) and Controlling Person of Legal Entity Member has been reviewed.
- All appropriate Relationship fields in XP have been completed for each Beneficial Owner(s) and Controlling Person.
- Any Beneficial Owner or Controlling Person not already a DCU member has been entered in XP as an "Individual".

(Individual in Part 3) ID Type _____ # _____ Issue Date ____/____/____ Exp Date ____/____/____
 Describe Add'l Documentation obtained (if required) _____

(Individual in Part 4a.) ID Type _____ # _____ Issue Date ____/____/____ Exp Date ____/____/____
 Describe Add'l Documentation obtained (if required) _____

(Individual in Part 4a.) ID Type _____ # _____ Issue Date ____/____/____ Exp Date ____/____/____
 Describe Add'l Documentation obtained (if required) _____

(Beneficial Owner(s) or Controlling Person if necessary):
 ID Type _____ # _____ Issue Date ____/____/____ Exp Date ____/____/____
 Describe Add'l Documentation obtained (if required) _____

ID Type _____ # _____ Issue Date ____/____/____ Exp Date ____/____/____
 Describe Add'l Documentation obtained (if required) _____

To Applicant: DCU requires the authorization of either all business owners or of the duly elected secretary authorized to act on their behalf in order to process this Application for Membership. Please use this form if you do not have an existing resolution to provide.

Authority to Obtain Financial Services

WHEREAS, _____ wishes to obtain financial services from Digital
(Business Entity)

Federal Credit Union (DCU) it hereby grants both signing authority and the authority to conduct business to

_____,
(Individual Granted Authority)

who may:

apply for and obtain, on behalf of and in the name of the business entity, an account at DCU which may include but is not limited to access to routine banking services, savings products, checking products, wire transfer services, electronic banking, automated clearing house activity, and Debit Card access;

FURTHER it is resolved that this individual is authorized to act individually or in concert with others on behalf of the business for the purposes of providing the information required by the financial institution to open the account such as business name, EIN, address, officers, etc.; naming others who will have access to the account; and authorizing transactions of any kind to or from this account, provided appropriate identification is obtained.

It will be the responsibility of the business owners, each of whom has signed below (or on whose behalf the duly elected and qualified Secretary has signed below) to ensure activity on the account is monitored, with the understanding that unless named on the business account, they will not have access to account information directly from the financial institution.

Sign in *either* section I or II below.

I. Signature of all Business Owners:

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

II. Signature of Secretary:

Printed Name

Title

Signature

Date