Business Account Change and New Accounts Form Checklist

Please use these forms to change the business address, add or remove authorized signatory(ies), to change an individual’s name, or to change Beneficial Owner(s) or Controlling Person.

To speed the processing of your application, please follow these steps:

1. Complete the following forms in their entirety. If left incomplete or unsigned it will delay processing of your request.
2. Be sure all signatures are complete including borrower, authorized user(s), co-borrower (if applicable) and Controlling Person. Incomplete or unsigned applications will delay the process.
3. If adding an Authorized Signatory(ies) who is not currently a DCU Member, required identification must be provided.
4. Send the forms to DCU for processing by one of the following ways:
   a. Upload the forms to DCU in Online Banking Account Manager by selecting Document Sharing/Storage in the left toolbar or
   b. Bring the forms to our nearest DCU branch or
   c. Fax them to 866.874.7820

Beneficial Owner(s) and Controlling Person of a Legal Entity

Effective May 11, 2018, DCU is required to collect information regarding the Beneficial Owner(s) and Controlling Person of a Legal Entity. See part 5 for detailed information.

What you can expect

Once you’ve delivered the completed forms...

• Your request will be processed immediately.

Once you’ve faxed the completed forms...

• Your request will be processed within 24 hours.
Business Membership Change and New Accounts Form

Member Number: ________________________________
Business Name: ______________________________

INSTRUCTIONS: Complete only the Section(s) applicable to your request. In ALL cases, the Sole Proprietor, Managing Member, Managing Partner, or Executive Officers must sign in Section 5 authorizing the change.

1. Changes to General Information

Provide NEW Information Only - if providing new Contact Name, previous Contact Name will be removed however, additional paperwork is necessary to remove the individual in his/her capacity as an owner or authorized signatory, if applicable (See Section 4 below):

NEW Physical Business Address:
(Street Address) (City) (State) (ZIP)

NEW Mailing Address (if different from above):

NEW Phone: ( ) Contact Name:
This individual will be the primary person to contact but will have NO account access unless also listed in Section 3

Email Address: ______________________________________

2. New Account Opening – check all that apply

NOTE: If completing this Section, you must also complete Section 5: Certification of Beneficial Owner(s) & Controlling Person of Legal Entities

- Business Checking **
- Premier Business Checking ($20,000***).
- LTD Savings ($25,000***).
- Money Market ($1,000***)
- Member Described Account (Title) 
- Certificate for _______ months (up to 60), in the amount $ ___________.
- DCU Check Card ** (if checked, this is automatically issued in the name of the individual listed in Section 2). Please also issue a card to the following Partners, Members, Officers, and/or other Authorized Signatory(ies) on this account:

Printed Name(s): (1) ______________ (2) ______________ (3) ______________

** Upon Approval *** Minimum to earn dividends

If you would like a Visa® Business Platinum Card or other Business Loan, please contact us at 508.263.6700 or 800.328.8797.

3. Add Authorized Signatory(ies) in addition to any existing Signatory(ies) currently on this Membership

1) Legal Name ________________________________ DCU Member # ________________ All Accounts

   Business Title ________________________________

If not a DCU Member, must also complete the following and provide Required Identification:

SSN - - - DOB / // Phone ( )
Residential Address ______________________________ Apt # City/State/ZIP
Eligibility (Family Member #, Sponsor Company Name, or Organization Name through which I am joining): __________________________

2) Legal Name ________________________________ DCU Member # ________________ All Accounts

   Business Title ________________________________

If not a DCU Member, must also complete the following and provide Required Identification:

SSN - - - DOB / // Phone ( )
Residential Address ______________________________ Apt # City/State/ZIP
Eligibility (Family Member #, Sponsor Company Name, or Organization Name through which I am joining): __________________________

☐ All Accounts
☐ Savings Only
☐ Checking Only
☐ Acct # _____
Remove the following Authorized Signatory(ies) from this Membership:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Name</th>
<th>SSN</th>
</tr>
</thead>
</table>

☐ From All Accounts  ☐ From just the following Accounts #, #, #, #, #

☐ **OPTION 1:** Close this checking account, change the PIN on this membership, deactivate any existing ATM or Visa Check Card(s) and return any ACH entries or checks presented against this account, “Account Closed”.

☐ **OPTION 2:** Close this checking account, change the PIN on this membership, deactivate any existing ATM or Visa Check Card(s), reroute all ACH entries through the new checking account (SDC #), pay all checks up through and including Check # through the new checking account. (I understand any items presented against the old checking account after sixty (60) days from this date will be rejected “Account Closed”).

All previously authorized check card transactions will be processed.

Continue to Part 5
5. Certification of Beneficial Owner(s) and Controlling Person of Legal Entity

For a new account opening that is faxed, mailed or received through Online Banking Account Manager: Complete and sign the attached Certification of Beneficial Owner(s) and Controlling Person of Legal Entity.

For a new account opening that is processed at a branch: See a DCU Membership Service Representative for Recertification of Beneficial Owner(s) and Controlling Person of Legal Entity options.

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 has to 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:**
Up to four individuals

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

**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.
DCU Member # ___________________
Legal Entity (Business) Name ___________________________________________________

For use when submitting at a Branch only:
☐ I CERTIFY THAT A RECERTIFICATION FORM WAS REVIEWED AND SIGNED TO CONFIRM ALL
INFORMATION IS ACCURATE AND CURRENT. If so, skip to part 6: Signatory Authorizations and Agreements

Business Types: 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

<table>
<thead>
<tr>
<th>Legal Name of Business Entity</th>
<th>Business' Physical Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the Natural Person Completing this Form</th>
<th>Title of the Natural Person who is completing this form</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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 ☐ 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:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Physical Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>SSN</th>
<th>ID Type</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ID Date of Issuance</th>
<th>ID Expiration Date</th>
<th>ID State (or Country) of Issuance</th>
<th>Percent of Ownership</th>
</tr>
</thead>
</table>
Individual Beneficial Owner #2:

- Full Name: __________________________
- Physical Street Address, City, State, Zip Code: __________________________
- Date of Birth: ________________________
- SSN: __________________________
- ID Type: __________________________
- ID Number: __________________________
- ID Date of Issuance: ________________________
- ID Expiration Date: ________________________
- ID State (or Country) of Issuance: __________________________
- Percent of Ownership: __________________________

Individual Beneficial Owner #3:

- Full Name: __________________________
- Physical Street Address, City, State, Zip Code: __________________________
- Date of Birth: ________________________
- SSN: __________________________
- ID Type: __________________________
- ID Number: __________________________
- ID Date of Issuance: ________________________
- ID Expiration Date: ________________________
- ID State (or Country) of Issuance: __________________________
- Percent of Ownership: __________________________

Individual Beneficial Owner #4:

- Full Name: __________________________
- Physical Street Address, City, State, Zip Code: __________________________
- Date of Birth: ________________________
- SSN: __________________________
- ID Type: __________________________
- ID Number: __________________________
- ID Date of Issuance: ________________________
- ID Expiration Date: ________________________
- 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: __________________________
- Physical Street Address, City, State, Zip Code: __________________________
- Date of Birth: ________________________
- SSN: __________________________
- ID Type: __________________________
- ID Number: __________________________
- ID Date of Issuance: ________________________
- ID Expiration Date: ________________________
- 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
6. Signatory Authorizations and Agreements

I request the changes listed above and agree that, except as indicated on this form, the information terms and conditions set forth in the most recently dated form remain in full force and effect.

_____________________________________________  __________________________
Signature (Sole Proprietor, Managing Member, Managing Partner, Executive Officer) Date

If adding an Authorized Signatory(ies): Each person signing below 1) authorizes you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time, 2) agrees to conform to the Credit Union’s bylaws as well as the terms and conditions of the Truth-in-Savings Disclosure & Account Agreements, Electronic Services Disclosure & Agreements, and the Schedule of Fees and Service Charges, receipt of which is acknowledged and which is incorporated by this reference, and 3) understands and agrees that DCU is authorized to act upon the order of any one of the persons who sign below until the credit union receives written instructions to the contrary.

_____________________________________________  __________________________
Signature Date

_____________________________________________  __________________________
Signature Date

Internal Use Only – COMPLETE ALL FIELDS:  Rec’d ___/___/____  Proc By # __________  x-Ref # __________  Audited By # __________

(1st New Authorized Sig) ID Type __________  # __________  Exp __/___/____  Add’l Doc (If Applicable) __________________________________________________________________

(2nd New Authorized Sig) ID Type __________  # __________  Exp __/___/____  Add’l Doc (If Applicable) __________________________________________________________________

Internal Use Only – COMPLETE ALL FIELDS

Rec’d ___/___/____  Proc By # __________  Reviewed* By # __________  *means this individual attest to the following:

• Certification (or Recertification) of Beneficial Owner(s) and Controlling Person of Legal Entity Member has been reviewed.
• All appropriate Relationship fields in XP have been completed/updated 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”.

If Additional Documentation was required to complete the verification of any individual, enter the details below as to what specific documentation was obtained and for whom: ______________________________________________________________________