Business Account Change and New Accounts Form Checklist

Please use these forms to change the business address; add or remove authorized signatory(ies); open a new share; to update the contact person; 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
   b. Bring the forms to your nearest DCU branch
   c. Fax them to 866.874.7820

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

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 reviewed within 1-2 business days.
INSTRUCTIONS: Complete only the Part(s) applicable to your request. In ALL cases, the Sole Proprietor, Managing Member, Managing Partner, or Executive Officers must sign in Part 6 authorizing the change.

## Part 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 Part 4 below):

New Physical Business Street Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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 Part 3)

Email Address

## Part 2  New Account Opening – check all that apply

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

- **Free Business Checking:** This Free Business Checking account will be automatically enrolled in the Business Earn More feature. The Business Earn More feature automatically sweeps the account balance to interest-bearing FDIC - insured deposit accounts held at Participating institutions throughout the country. You will still maintain normal access to account funds. Please refer to the DCU Business Earn More Feature Terms and Conditions for important information and disclosures regarding the Business Earn More feature.

- **Opt-Out. Enrollment in the Business Earn More feature on the Free Business Checking will automatically occur unless this box is checked.** The Business Earn More feature is limited to one Free Business Checking account at any one time per membership.

- **LTD Savings** ($25,000***)

- **Money Market** ($1,000***)

- **Member Described Account**  
  **Title:**

- **Certificate for ______ months (up to 60), in the amount $ ________________________________**

- **DCU Debit Card**  
  **(if checked, this is automatically issued in the name of the individual listed in Part 3). Please also issue a card to the following Partners, Members, Officers, and/or other Authorized Signatory(ies) on this account:**

| Printed Name 1 | Printed Name 2 | Printed Name 3 |

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

** Upon Approval  
*** Minimum to earn dividends
1. Legal Name ___________________________ DCU Member # ___________________________

   Business Name ___________________________

   If not currently a DCU Member, please complete the following and provide required identification:

   / / 

   SSNDOB 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 # ___________________________

2. Legal Name ___________________________ DCU Member # ___________________________

   Business Name ___________________________

   If not currently a DCU Member, please complete the following and provide required identification:

   / / 

   SSNDOB 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 # ___________________________
Part 4  Remove Authorized Signatory(ies) cannot be used to remove Partners, members, or officers

Remove the following Authorized Signatory(ies) from this Membership:

________________________________________            SSN
Legal Name

________________________________________            SSN
Legal Name

☐ All Accounts
☐ From just the following Accounts:
   Acct # ____________________________
   Acct # ____________________________
   Acct # ____________________________
   Acct # ____________________________

☐ Option 1: Close this checking account, change the PIN on this membership, deactivate any existing ATM or Visa Debit 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 Debit 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 DEBIT CARD TRANSACTIONS WILL BE PROCESSED.

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

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

DCU Member #

Legal Entity (Business) Name

For use when submitting at a DCU 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)

<table>
<thead>
<tr>
<th>Part A</th>
<th>Business Account Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name of Business Entity</td>
<td>Business’ Physical Street Address, City, State, Zip Code</td>
</tr>
<tr>
<td>Name of the Natural Person Completing this Form</td>
<td>Title of the Natural Person who is completing this form</td>
</tr>
<tr>
<td>Part B  Beneficial Owners</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Complete the following information for <strong>each</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> If no individual or legal entity meets this definition of beneficial owner, check this box ☐ to specify “Not Applicable” and skip to Part C.</td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Yes  ☐ No  
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>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>SSN</td>
</tr>
<tr>
<td>ID Date of Issuance</td>
<td>ID Expiration Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID Type</th>
<th>ID Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ID Type</th>
<th>ID State (or Country) of Issuance</th>
<th>Percent of Ownership</th>
</tr>
</thead>
</table>

**Individual Beneficial Owner #2:**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Physical Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>Date of Birth</td>
<td>SSN</td>
</tr>
<tr>
<td>ID Date of Issuance</td>
<td>ID Expiration Date</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ID Type</th>
<th>ID State (or Country) of Issuance</th>
<th>Percent of Ownership</th>
</tr>
</thead>
</table>

**Individual Beneficial Owner #3:**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Physical Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>SSN</td>
</tr>
<tr>
<td>ID Date of Issuance</td>
<td>ID Expiration Date</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ID Type</th>
<th>ID State (or Country) of Issuance</th>
<th>Percent of Ownership</th>
</tr>
</thead>
</table>

**Individual Beneficial Owner #4:**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Physical Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>SSN</td>
</tr>
<tr>
<td>ID Date of Issuance</td>
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</tbody>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ID Type</th>
<th>ID State (or Country) of Issuance</th>
<th>Percent of Ownership</th>
</tr>
</thead>
</table>
# 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 Part.**

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

<table>
<thead>
<tr>
<th>Physical Street Address, City, State, Zip Code</th>
<th>ID Date of Issuance</th>
<th>ID Expiration Date</th>
<th>ID State (or Country) of Issuance</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

# 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part 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
DCU Business Earn More Feature

RECEIVING FINANCIAL INSTITUTION ALLOCATION SUMMARY

Effective: 01/28/2021

<table>
<thead>
<tr>
<th>INTEREST RATE (DIVIDEND RATE)</th>
<th>ANNUAL PERCENTAGE YIELD (APY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.50%</td>
<td>0.50%</td>
</tr>
</tbody>
</table>

This Receiving Financial Institution Allocation Summary and DCU Business Earn More Feature Rate Sheet is incorporated into the DCU Business Earn More Feature Terms and Conditions. Review the DCU Business Earn More Feature Terms and Conditions for important information regarding the Program.
DCU Business Earn More Feature

Terms and Conditions

Effective: 01/28/2021

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Contact Us

If you have questions regarding the Program, you may contact DCU using any of the methods below.

Call our Information Center at:
800.328.8797

Hours of operation:
Weekdays from 8:00am to 9:00pm and Saturdays from 9:00am to 3:00pm

Our Information Center is not staffed on Sundays or holidays observed by DCU

Write to us at:
Digital Federal Credit Union
220 Donald Lynch Boulevard
P.O. Box 9130
Marlborough, Massachusetts 01752-9130
Attention: New Accounts Department

Email us:
dcu@dcu.org or log in to Online Banking and use the “Secure Email” link under “Contact Us”

Note: Email sent through the “Email DCU” link in our Online Banking will be encrypted to protect your personal information. Messages sent through the Email/Feedback Contact Form on our public web page are not encrypted, so you should not send account numbers or other personal information through that form.
DCU Business Earn More Feature

Terms and Conditions

Effective: 01/28/2021

I. Introduction

1. **DDM Program.** The DCU Business Earn More (DDM\textsuperscript{SM} Program with IDEA Allocation\textsuperscript{CM} feature (“Program”) is offered by Digital Federal Credit Union (“DCU”, “we”, “us”, and “our”) as an option to sweep an amount of your cash balances held in your DCU business share draft (checking) account (“DCU Account”) that exceeds the target balance (“Target Balance”), and up to the maximum Program deposit amount (“Maximum Insured Deposit Amount”), each as stated on the DCU Business Earn More Feature Rate Sheet, incorporated herein by this reference and as amended from time to time, into accounts at FDIC member financial institutions. In the terms and conditions set forth herein (“Terms and Conditions”), the words “you” and “your” mean, individually and collectively, member business and each Authorized Signatory (as this term is defined in the DCU Business Account Agreement). You agree to be enrolled into the Program and be bound by these Terms and Conditions effective as of the date you are enrolled into the Program. Your funds will be deposited in money market deposit accounts (“MMDAs”) and demand deposit accounts (“DDAs”; MMDAs together with DDAs, “Program Deposit Accounts”) with those receiving financial institutions (“Receiving Financial Institutions” or “financial institutions”, and your funds in these financial institutions are hereinafter referred to as “Program Deposits”), subject to the limitations described herein. By enrolling into the Program, you appoint DCU as your authorized agent pursuant to the Terms and Conditions set forth herein. Stable Custody Group II LLC (“Stable”) operates the Program as an administrator. Unless terminated by DCU, your authorization and agency appointment of DCU shall remain in effect until termination in accordance with these Terms and Conditions, and DCU has been afforded a reasonable opportunity to act on such termination. **YOU UNDERSTAND THAT BY ENROLLING IN THE PROGRAM, YOU ARE INSTRUCTING DCU TO DIRECT THE AMOUNT OF YOUR FUNDS IN THE DCU ACCOUNT THAT EXCEEDS THE TARGET BALANCE TO THE PROGRAM DEPOSIT ACCOUNTS AT THE RECEIVING FINANCIAL INSTITUTIONS. YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED AND CAREFULLY READ THESE TERMS AND CONDITIONS IN CONNECTION WITH CHOOSING TO ENROLL IN THE PROGRAM. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DCU.**

2. **Insurance Eligibility.** While your funds are in the DCU Account, your funds are eligible for NCUA insurance coverage and are not eligible for FDIC insurance coverage. After your funds are swept into the Program Deposit Accounts and thereby become Program Deposits, such Program Deposits become eligible for FDIC insurance coverage and are not eligible for NCUA insurance coverage. **IMPORTANT:** your Program Deposits will be eligible for FDIC insurance coverage up to the amount of the Maximum Insured Deposit Amount. All Program Deposits in excess of the Maximum Insured Deposit Amount will not be eligible for FDIC insurance coverage.

3. **“Business Day”.** For the purposes of these Terms and Conditions, “Business Day” means any day, except Saturday, Sunday, and federal holidays.

4. **Risks of the Program.**

   a. During the Business Day when your Program Deposits are transferred and being deposited into the Program, your funds will be held for a limited amount of time intraday at one Receiving Financial Institution (“Intermediary Receiving Financial Institution”) prior to being allocated and distributed among other Receiving Financial Institutions. While your funds are held intraday at the Intermediary Receiving Financial Institution, to the extent your funds exceed the current SMDIA (as defined in these Terms and Conditions), such funds may be uninsured. Once distributed from the Intermediary Receiving Financial Institution to the Receiving Financial Institutions, the funds will be insured up to the amount of the Maximum Insured Deposit Amount. Stable has adopted procedures and controls to ensure the movement of funds in a timely manner each day and expects that your funds will be sent by the Intermediary Receiving Financial Institution to the other Receiving Financial Institutions by the close of business each day. However, in the event of a failure of wire transfer systems or communication facilities or other causes beyond Stable’s control, resulting in your funds not being sent from the Intermediary Receiving Financial Institution to the other Receiving Financial Institutions in a timely manner and remaining at the Intermediary Receiving Financial Institution, your funds could, to the extent they exceed the current SMDIA, be uninsured until the next Business Day.

   b. To the extent that DCU is not able to implement your request to exclude a particular Receiving Financial Institution at which you have existing balances, there is a risk that all or a portion of your funds allocated to such Receiving Financial Institution by the Program will not be FDIC insured.

   c. In the event of a failure of a Receiving Financial Institution, there may be a time period during which you may not be able to access your money. If you have money at a Receiving Financial Institution outside the Program, this will negatively impact the availability of FDIC insurance for the total amount of your funds held within and outside the Program. If your deposits in a
Receiving Financial Institution exceed the then current SMDIA of such financial institution, the excess funds are not covered by the FDIC deposit insurance.

d. Where your funds are held in MMDAs, the return of your funds may be delayed. Receiving Financial Institutions are permitted to, but rarely do, impose a delay of up to seven days on any withdrawal request from an MMDA. See 12 C.F.R. § 204.2(d)(1).

II. Program Terms

1. **Account Eligibility.** In order to obtain FDIC insurance in the Program, you must provide proper tax identification information to DCU.

2. **Relationship with Stable.** Stable is acting as DCU’s agent, and DCU is acting as your agent in establishing and maintaining deposit accounts at Receiving Financial Institutions. The allocation process administered by Stable determines into which Receiving Financial Institution(s) your money will be deposited to achieve up to the maximum amount of FDIC insurance available to you through the Program, which shall not exceed the Maximum Insured Deposit Amount. See Section II(9), Allocations to Receiving Financial Institutions.

3. **Information about Stable.** Stable is a Delaware limited liability company. Stable is not a credit union, bank, broker-dealer, or investment adviser. None of the Receiving Financial Institutions is an affiliate of Stable.

4. **Sweep Process, Deposits, and FDIC Insurance.**
   
a. Your funds intended for deposit into the Program must be placed through a DCU Account and cannot be placed directly by you with Stable or any of the Receiving Financial Institutions. Only one of your DCU Accounts is eligible for the Program at a time.

b. You promise that your funds in the DCU Account shall be irreversible and not subject to any lien, adverse claim, or encumbrance.

c. Except as otherwise provided in these Terms and Conditions, DCU will sweep any amount of funds in the DCU Account that exceeds the Target Balance into the Program on the next Business Day after the Business Day on which such amount of funds exceeds the Target Balance. If the funds swept from your DCU Account into the Program cause your Program Deposits to exceed the Maximum Insured Deposit Amount, then such excess funds will not be eligible for FDIC insurance coverage. Such excess funds will be allocated among the Receiving Financial Institutions in the same manner as your other funds, See Section II(9), Allocations to Receiving Financial Institutions. Funds are swept from your DCU Account into the Program once each Business Day and the amount of funds subject to the sweep is calculated using the balance at the end of the prior Business Day. **IMPORTANT:** If at any time your Program Deposits exceed the Maximum Insured Deposit Amount, at its sole discretion, DCU may, but is not required to, move your Program Deposits in excess of the Maximum Insured Deposit Amount into a DCU account or terminate your participation in the Program.

d. When you are enrolled into the Program, DCU will initiate the sweep process on the first Business Day following the Business Day on which you are enrolled in the Program.

e. Your Program Deposits will be allocated to one or more omnibus Program Deposit Accounts maintained at the Receiving Financial Institutions held in the name of “Stable Custody Group II LLC, as Agent, for the Exclusive Benefit of its DDM Participating Institution, as Agent, for the Exclusive Benefit of its DDM Customers, Acting for Themselves and/or Acting in a Fiduciary Capacity for Others.” See Section II(9), Allocations to Receiving Financial Institutions. FDIC insurance coverage is available up to its standard maximum deposit insurance amount, which is $250,000 per legal category of account ownership at each financial institution (“SMDIA”). Your Program Deposits are placed into accounts at the Receiving Financial Institutions to provide you with up to $250,000 of FDIC insurance coverage per Receiving Financial Institution, subject to certain exceptions described in these Terms and Conditions. The $250,000 limit (i.e., the SMDIA) includes your principal and accrued interest, when aggregated with all other deposits held by you directly, or through others, in the same recognized legal category of ownership at the same Receiving Financial Institution. FDIC deposit insurance protects you against the loss of your insured deposits in the event a Receiving Financial Institution fails. FDIC deposit insurance is backed by the full faith and credit of the United States. Your Program Deposits will not be insured by the National Credit Union Administration.

f. Because DCU, the Receiving Financial Institutions, and Stable are unaware whether you have any money on deposit outside of the Program in a Receiving Financial Institution, that money will not be taken into account when your funds in the Program are allocated to a particular Receiving Financial Institution. Therefore, you are responsible for monitoring the list of Receiving Financial Institutions that hold your deposits. While Stable will cooperate with DCU to select appropriate Receiving Financial Institutions, once funds of Members are allocated, Stable will not be able to modify the selection of Receiving Financial Institutions due to the needs of any particular Member without making the same change for all Members. For this reason, DCU will not be able to implement any request to exclude a particular Receiving Financial Institution. See Section I(4), Risks of...
the Program. For example, if the then current SMDIA is $250,000 and you have a non-Program deposit account at Financial Institution A of $200,000 and you also have $60,000 in the Program Deposits account at the same Financial Institution in the same legal category of ownership, only $250,000 of your $260,000 is insured by the FDIC.

g. In the event that a Receiving Financial Institution that holds your Program Deposits fails, payments of principal plus unpaid and accrued interest up to the then-current SMDIA per legal category of account ownership will be made to you. Although the FDIC normally makes these payments within a few days of taking possession of a financial institution as receiver, there is no specific time period during which the FDIC must make insurance payments available. Furthermore, you may be required to provide certain documentation to the FDIC before insurance payments are made.

h. Your account ownership will be evidenced by an entry on records maintained by DCU for each of the Receiving Financial Institutions at which your funds are on deposit. You will not be issued any evidence of ownership of a Program Deposit Account, such as a passbook or certificate. AT ANY TIME, YOU MAY CONTACT DCU TO OBTAIN A LIST OF RECEIVING FINANCIAL INSTITUTIONS THAT HOLD YOUR FUNDS.

5. FDIC Deposit Insurance for FDIC-Recognized Categories of Account Ownership; Multi-Tiered Fiduciary Relationships.

a. To ensure that your Program Deposits are protected by FDIC insurance to the fullest extent possible under the Program, you should understand how FDIC insurance applies to each FDIC-recognized category of account ownership. In general, the FDIC-recognized categories of account ownership include single ownership accounts; accounts held by an agent, escrow agent, nominee, guardian, custodian, or conservator; annuity contract accounts; certain joint ownership accounts; certain revocable trust accounts; accounts of a corporation, partnership, or unincorporated association; accounts held by a depository institution as the trustee of an irrevocable trust; certain irrevocable trust accounts; certain retirement and other employee benefit plan accounts; and certain accounts held by government depositors. The rules that govern these categories of account ownership are very detailed and very complex, and there are many nuances and exceptions. Complete information can be found at the FDIC’s regulations set forth at 12 C.F.R. Part 330.

b. The FDIC’s regulations impose special requirements for obtaining pass-through FDIC insurance coverage, up to the SMDIA (currently $250,000 for each FDIC-recognized category of account ownership), for multiple levels of fiduciary relationships. In these situations, in order for FDIC insurance coverage to pass through to the true beneficial owners of the funds, it is necessary (i) to expressly indicate, on the records of the insured depository institution that there are multiple levels of fiduciary relationships, (ii) to disclose the existence of additional levels of fiduciary relationships in records, maintained in good faith and in the regular course of business, by parties at subsequent levels, and (iii) to disclose, at each of the level(s), the name(s) and the interest(s) of the person(s) on whose behalf the party at the level is acting. No person or entity in the chain of parties will be permitted to claim that they are acting in a fiduciary capacity for others unless the possible existence of such a relationship is revealed at some previous level in the chain. If your funds in your DCU Account are beneficially owned through multiple levels of fiduciary relationships, you must take steps to comply with these special requirements.

c. For questions about FDIC insurance coverage, you may call the FDIC at 877-275-3342 or visit the FDIC’s web site at www.fdic.gov. You also may wish to utilize “EDIE The Estimator,” the FDIC’s electronic insurance calculation program, which is found at https://www.fdic.gov/edie/index.html. Other information regarding FDIC insurance coverage may be found at the “Deposit Insurance” section of the FDIC’s web site.

6. Withdrawals.

a. Withdrawals from your Program Deposits are made through your DCU Account and cannot be made directly by you through Stable or any of the Receiving Financial Institutions. Checks, ACH payments, debit cards, ATM withdrawals, direct deposits, credits and other transactions and items for your DCU Account are processed through your DCU Account rather than through the Program Deposit Accounts. If your withdrawals from your DCU Account reduce the balance in your DCU Account below the Target Balance at the end of a Business Day, an amount of your Program Deposits sufficient to cover such amount will be automatically withdrawn from the Program Deposit Accounts and deposited into your DCU Account to satisfy such DCU Account withdrawals. Funds from the Program Deposits will generally be available to you on the same day you make the withdrawal request. In the event that DCU does not receive enough funds to cover your entire withdrawal request (if, for example, Receiving Financial Institutions fail to send funds as instructed by Stable or Receiving Financial Institutions are closed due to holidays or other events), the funding of all or a portion of your withdrawal requests could be delayed.

b. You agree that DCU may cause your Program Deposits to be withdrawn from the Receiving Financial Institutions at any time in any amount: (a) as required or authorized under your other agreements with DCU; (b) to satisfy the requirements of any applicable law, rule, or regulation applicable to you, your funds, or any account (including without limitation the Program Deposit(s)); (c) to satisfy any overdraft or other liability owed to DCU under these Terms and Conditions or your other agreements with DCU; or (d) as otherwise authorized by applicable law, rule, or regulation applicable to DCU. DCU may set-off and charge against your DCU Account or Program Deposit(s), any liability, obligation, or indebtedness that you owe to DCU, including without limitation any line of credit, loan, or other extension of credit made by DCU to you and the amount of any fees and charges owed by you to DCU. DCU may, but is not obligated to, satisfy any transfer using funds of DCU
or otherwise to extend or grant credit (including intra-day credit) to accomplish any transfer request or order related to the Program.

7. **Ability to Exclude Receiving Financial Institutions.**

   a. At any time, you can contact DCU to obtain the most recent list of Receiving Financial Institutions. While Stable will cooperate with DCU to select appropriate Receiving Financial Institutions, once funds of Members are allocated, Stable will not be able to modify the selection of Receiving Financial Institutions due to the needs of any particular Member without making such change for all Members.

   b. You can obtain publicly available financial information concerning any of the Receiving Financial Institutions at http://www.ffiec.gov/nicpubweb/nicweb/nichome.aspx or by contacting the FDIC Public Information Center by mail at 3501 North Fairfax Drive, Room E-1005, Arlington, VA 22226 or by phone at 877-ASK-FDIC (877-275-3342). Neither Stable nor DCU is responsible for any insured or uninsured portion of any deposits at any Receiving Financial Institution or guarantees the financial condition of any Receiving Financial Institution or the accuracy of any publicly available financial information concerning a Receiving Financial Institution.

8. **Your Responsibility to Monitor Your Deposit or Investment Options.** Neither Stable nor DCU has any obligation to monitor your account or make recommendations about, or changes to, the Program that might be beneficial to you. As returns on the Program Deposits, your personal financial circumstances and other factors change, it may be in your financial interest to change your deposit instructions. You may determine what options are available and the current rates and returns thereon at any time by contacting DCU.

9. **Allocations to Receiving Financial Institutions.**

   a. Stable establishes an omnibus Program Deposit Account on behalf of DCU and other sending institutions. You authorize DCU to act as your agent and DCU authorizes Stable to act as its agent at each Receiving Financial Institution holding your funds. The Program Deposit Account constitutes a direct obligation of the Receiving Financial Institution and is not directly or indirectly an obligation of Stable or DCU. In the event a Receiving Financial Institution rejects additional deposits, withdraws entirely, or is terminated from participation, then you authorize and direct DCU and Stable, as an agent of DCU, to move your deposits to another Receiving Financial Institution.

   b. A list of the current Receiving Financial Institutions is available on the website indicated on the Receiving Financial Institution Allocation Summary or by contacting us in any of the ways listed under “Contact Us”. Each Receiving Financial Institution has a target level of deposits that it wishes to accept through the Program. Stable may include additional Receiving Financial Institutions to expand the capacity available to underlying customers of the Sending Institutions, including DCU. Receiving Financial Institutions may decide to no longer participate in the Program, or may be removed by Stable for no longer satisfying Program requirements; e.g., no longer “well-capitalized” as defined by the FDIC. You cannot specify an amount of funds to be allocated to specific Receiving Financial Institutions.

   c. The IDEA feature, or Insured Deposit Equal Allocation feature, allows DCU the ability to provide its Members, including you, with access to the Program without having to disclose any personally identifiable information to Stable. As a result, Stable maintains in its records only an omnibus account titled “DCU for the exclusive benefit of its Members, acting for themselves and/or acting on a fiduciary capacity for others”. The omnibus balance is allocated among the Receiving Financial Institutions up to the maximum FDIC insurance coverage at each Receiving Financial Institution. Your Program Deposits will be allocated to each selected Receiving Financial Institution in the same proportion that the total omnibus balance is allocated to each Receiving Financial Institution.

10. **Interest.**

    a. We may refer to “interest” and “interest rate” as “dividend” and “dividend rate”, respectively, in these Terms and Conditions, the DCU Business Earn More Feature Rate Sheet, and related documents.

    b. The interest rate and annual percentage yield are set forth on the DCU Business Earn More Feature Rate Sheet which is posted on DCU’s website, incorporated herein, and may be amended by DCU from time to time by posting on DCU’s website and providing any other notice, as permitted and/or required by applicable law. Your interest rate and annual percentage yield may change.

    c. At our discretion, DCU may change the interest rate payable through the Program. DCU may change the interest rate payable through the Program at any time. We will notify you of such change by posting an updated DCU Business Earn More Feature Rate Sheet to DCU’s website and providing any other notice, as permitted and/or required by applicable law. The interest paid to you is paid by the Receiving Financial Institutions. There are no limitations on the amount by which the interest rate may change. There is generally no minimum period that your money must remain on deposit, and there is no penalty for withdrawal of your entire balance, or any part thereof, at any time. If your DCU Account is closed or your participation in the Program is terminated before
interest is credited, you will not receive the accrued interest. Interest is compounded and credited monthly. The daily balance method shall be used to determine the interest paid. This method applies a daily periodic rate to the principal in the account each day. Interest on Program Deposits begins to accrue no later than the “day of deposit” (as this term is defined in DCU’s Business Account Agreement) into the DCU Account for your deposited cash and non-cash items (for example, checks).

d. The interest rate may be higher or lower than the rates available to depositors making deposits directly with Receiving Financial Institutions or with other depository institutions in comparable accounts. You should compare the terms, interest rates, required minimum amounts, charges, and other features of the Program with other accounts and investment alternatives.

11. Fees. Each Receiving Financial Institution pays to Stable a fee for its services related to your funds held in the Program at that particular Receiving Financial Institution. DCU may also receive a fee for its services related to the Program and such fees may reduce the interest rate offered through the Program. You agree to pay any fees and/or charges disclosed to you that DCU may impose related to the Program.

12. Account Statements. You will receive a periodic account statement from DCU. Interest earned for the period covered will appear on your account statement. You will not receive a separate statement from the Receiving Financial Institutions. You should retain all account statements.

13. Tax Reporting. The interest you receive from your Program Deposits is generally fully subject to state and federal tax. To the extent required, an IRS Form 1099 will be sent to you by DCU each year, showing the amount of interest income you have earned from your Program Deposits.

III. Other Terms

1. Termination. DCU may, at its sole discretion, and without any prior notice, terminate your participation in the Program. If you close your DCU Account, your participation in the Program will be terminated and your Program Deposits will be distributed out to you by either, at DCU’s sole discretion, depositing such funds into another DCU Account or sending to you a check.

2. Alternatives to the Program. By enrolling in the Program, you agree to these Terms and Conditions. You understand that, at any time, you may terminate your participation in the Program. If you terminate, the funds held through the Program will be deposited into your DCU Account.

3. Arbitration and Class Action Waiver. The resolution of any disputes or claims between you and DCU related to these Terms and Conditions is subject to the Arbitration part of the DCU Business Account Agreement.

4. Other Agreements. You understand that your access to, and use of, the Program and DCU’s related products and services, including without limitation the DCU Account, will remain subject to the terms and conditions of all existing agreements between you and DCU, including without limitation, the DCU Business Account Agreement. These Terms and Conditions are incorporated into the DCU Business Account Agreement by this reference. Please review our other agreements with you, as applicable, for important information about your rights and responsibilities.
Internal Use Only

Complete all fields:

/ / Rec'd
/ / Proc by #
/ / Audited By #

1st New Authorized Sig

ID Type

/ /
ID #
Expiration
Add'l Doc (If Applicable)

2nd New Authorized Sig

ID Type

/ /
ID #
Expiration
Add'l Doc (If Applicable)

Reviewed* By #

*means this individual attests to having confirmed 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:

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