



Business Account Change and New Accounts Form Checklist

BANKING – THE DCU WAY

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) _____ 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 (____) _____ Savings Only
Residential Address _____ Apt # _____ City/State/ZIP _____ Checking Only
Eligibility (Family Member #, Sponsor Company Name, or Organization Name through which I am joining): _____ Acct # _____

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 (____) _____ Savings Only
Residential Address _____ Apt # _____ City/State/ZIP _____ Checking Only
Eligibility (Family Member #, Sponsor Company Name, or Organization Name through which I am joining): _____ Acct # _____

4. Remove Authorized Signatory(ies) cannot be used to remove partners, members, or officers

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

Name _____ SSN _____ Name _____ SSN _____

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: 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 _____

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

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 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

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 #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

