

Business Application

Application Checklist



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

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
- Acknowledgment of registered name from city/town 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 at dcu.org 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

*Upon approval

If your business is a Partnership, Limited Liability, or Corporation (cont.)

- 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 transact 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
- Acknowledgment of registered name from state (or city/town if registration is not available at the state level) where registered
- Banking Resolution (Authority to Obtain Financial Services)
- A copy of the IRS letter evidencing issuance of the EIN
- Current Photo ID must be provided for all beneficial owners (clear photocopies are acceptable)
- Certification of Beneficial Owner(s) and Controlling Person of the Legal Entity

How to Speed Up the Processing of Your Application

Send the application to DCU in one of the following ways:

- a. Bring the form to your nearest DCU branch
- b. Fax the form to **508.463.1369**
- c. Email the form to **specializedaccounts@dcu.org**
- d. Mail the form to:

Digital Federal Credit Union

New Accounts
PO Box 9130
Marlborough, MA 01752

DCU OFFERS BUSINESS SERVICES FOR MOST INDUSTRIES. PLEASE NOTE THE EXCEPTIONS.

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, PRODUCTS, OR ACTIVITIES/MARIJUANA-RELATED BUSINESSES (MRBs)**: 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 specifically or intentionally focused on providing services or products to the cannabis industry. This includes, but is not limited to, any products derived from the cannabis plant, as well as other activities related to the cannabis industry, such as growing, processing, distributing, selling, transporting, or leasing commercial property to a direct service provider, and regardless of the legal status of the business under state law. DCU will not bank businesses that sell CBD Oil products that are derived from cannabis.
- **VIRTUAL CURRENCY**: Using, exchanging, administering, and mining
- **INTERNET GAMBLING**: The Unlawful 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)**

What You Can Expect

- Electronic submissions will be reviewed within 3-5 business days

Allow up to 2 weeks from when the membership is opened for the following:

- Your New Member Welcome Kit
- Your DCU PIN (Personal Identification Number)
- Allow 7-10 days for your Visa Debit Card or ATM card, if applicable

NOTE: Application submission via standard mail will increase processing time.

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 state issued Photo ID 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.

Account Number: _____
(Assigned by DCU)

Part 1 General Information and Business Type

Business Entity (Check one):

☐ Sole Proprietor ☐ LLP/LLC ☐ Single-member LLC ☐ Partnership ☐ Corporation

Business Name (Name MUST match the name assigned to the SSN/EIN given in part 8)

Individual Name (Should only be completed if Sole Proprietor or Sole Member LLC)

Physical Business Address (PO boxes and virtual offices are not acceptable)

City _____ State _____ Zip _____

Mailing Business Address if different than Physical Address (number, street, and apt or suite no.)

City _____ State _____ Zip _____

Business Phone _____ State in which Business is Registered _____ Date Business Registered _____

Email Address _____

Business Industry– Be Specific (i.e. car dealership, convenience store, restaurant, etc.)

Part 2 Account Services (check those for which you are applying)

- ☒ **Primary Savings Account** (please include no less than \$5 with this application – required to open and maintain Membership)
- ☒ **Personal Identification Number (PIN)** for Electronic Service usage. (I understand this will be generated and mailed to address provided in Part 1)
- ☒ **Electronic Accessibility via Digital Banking and Virtual Assistant**

I will receive Electronic Statements for all my accounts, enrollment for which will be sent to the email address above. If you do not wish to enroll, please check this box. ☐

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

☐ **Opt-Out - Enrollment of the Business Earn More feature on the Free Business Checking will automatically occur unless this box is checked.**

☐ Money Market

☐ Visa® Debit Card**, **OR**

☐ 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. _____ 2. _____ 3. _____

*Upon approval ** Allow 7-10 business days to receive

Part 3 Account Manager General Information and Membership Qualification - must be in DCU's field of membership

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

SSN

Phone

Email

Eligibility (Family Member #, Sponsor Company, Organization, or Community through which I am joining)

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 First Name

Last Name

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.)

City

State

Zip

Phone

DOB

Email

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, Digital Banking/Mobile App and/or Debit Card cannot be limited to a particular account).

Part 4b Additional Authorized Signatory(ies)

Individual's First Name

Last Name

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.)

City

State

Zip

Phone

DOB

Email

This individual should have access to:

☐ All Accounts ☐ All Savings Only ☐ All Checking Only ☐ Account #_____ Only

(NOTE: Access using the PIN, Digital Banking App and/or Debit Card cannot be limited to a particular account).

Individual's First Name Last Name 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.)

City State Zip

Phone DOB Email

This individual should have access to:

☐ All Accounts ☐ All Savings Only ☐ All Checking Only ☐ Account #_____ Only

(NOTE: Access using the PIN, Digital Banking App and/or Debit Card cannot be limited to a particular account).

Part 5 Opening Deposit

Opening Deposit Selection:

Minimum \$5 is required to open and maintain Membership with DCU. If applicable, additional organizational fee or donation may be required for joining an organization. The opening deposit will be credited to your Primary Savings account.

Select ONE:

- ☐ Electronic Check (NOTE: You must be an owner on this account) **MAXIMUM DEPOSIT LIMIT OF \$250,000**

Routing Number

Name on Account

Account Number

Institution Name

Account Type

☐ Checking ☐ Savings

Institution Address

City

State

Zip

I hereby authorize the initiation of a one-time debit from my account at the financial institution named above through the Automated Clearing House (ACH) system and authorize said institution to debit my account for the amount set forth above. I acknowledge that this request does not violate the provisions of United State law as it applies to ACH transactions. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold DCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to my having supplied incorrect information; its having acted on a stop payment order; or there being insufficient funds in the account I have indicated.

Initials: _____

- ☐ Existing DCU Account Transfer (NOTE: You must be Primary or Joint Owner of the account)

Member Number

Share Number

- ☐ Check or Money Order (NOTE: Must be enclosed with application to avoid processing delays)

Total Opening Deposit: \$ _____

Minimum \$5 plus, if applicable, any organizational fee/donation for Field of Membership.

Part 6 Expected Activity

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.**

General Information:

1. **What type of business is this?** Be specific and explain in detail the actual goods sold or service(s) provided.

(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.)

2. **Will you sell products online?**

☐ Yes — If yes, please provide your web address: _____

If no direct web address, what method will be used to sell products and what is the seller's name (through eBay, Amazon, etc.)?

☐ No — I will not sell products online.

3. **Which of the following will your account(s) be used for?**

- ☐ General operating funds
- ☐ Payroll
- ☐ Savings
- ☐ Credit card processing
- ☐ Other

4. **Will you be using a DCU safe deposit box?**

- ☐ Yes
- ☐ No

Declared Behavior:

5. Which of the following types of transactions will you perform?

5a. **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+ |

5b. **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+ |

5c. **Will you be using a courier or armored car service to complete your cash transactions?**

- ☐ Yes ☐ No

5d. **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 wire transfers from non-US locations?

- ☐ Yes – from which countries do you expect these wires will be received?

- ☐ No – the organization only expects to receive domestic (US locations) wire transfers.

5e. **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 – the organization only expects to send domestic (US locations) wire transfers.

5f. **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 customers.)

- | | |
|--|--|
| <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 – the organization only expects to receive domestic (US locations) transfers.

5g. **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+ |

5h. **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+ |

5i. **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 DCU via Digital Banking.)

- ☐ Yes ☐ No

5j. **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+ |

5k. **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+ |

5l. **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+ |

5m. **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+ |

6. **Internet Gambling:** Does any portion of business income come from Internet gambling?

- ☐ No Internet Gambling
- ☐ Yes – **IMPORTANT:** The Unlawful 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.

7. **Marijuana-related Business:** Is this a marijuana-related business?

- ☐ No this is not a marijuana-related business.
- ☐ Yes - **IMPORTANT:** 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 specifically or intentionally focused on providing services or products to the cannabis industry. This includes, but is not limited to, any products derived from the cannabis plant, as well as other activities related to the cannabis industry, such as growing, processing, distributing, selling, transporting, or leasing commercial property to a direct service provider, and regardless of the legal status of the business under state law. DCU will not bank businesses that sell CBD Oil products that are derived from cannabis.

8. **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, management of client monies, investment services, and trust arrangements.**)

- ☐ No, the organization is not a Professional Service Provider.
- ☐ Yes – the organization is a Professional Service Provider, providing the following services:

- | | |
|--|---|
| <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 |

If yes, will other professionals be using this account?

- ☐ Yes ☐ No

9. **Embassy, Foreign Consulate Or Foreign Mission:** Is the organization an embassy, foreign consulate or foreign mission?
- ☐ No – the organization is not an embassy, foreign consulate or foreign mission.
- ☐ Yes – What is the home country of the embassy, foreign consulate or foreign mission?
10. **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
11. **Money services business (MSB):** Does your business involve any of the following?

IMPORTANT If you answer yes to any of the services listed below, your business is considered a Money Services Business. As stated on our current business account application, 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 these accounts.

- ☐ 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
- ☐ 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
- ☐ No, the organization does not perform any of the above MSB functions.

12. **Nongovernmental organizations or charities:** Do you depend, in whole or in part, on charitable donations and voluntary services for support?

☐ No, the organization does not 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 donors or volunteers from non-US countries.

☐ Yes, in what counties are your donors or volunteers located?

13. **Bulk Shipments Of Currency:** Does your company offer courier or armored car services to ship currency on your customer's behalf?

☐ Yes ☐ No

14. **Third-Party Payment Processors:** Will you be processing transactions that benefit a third-party? (Non-bank or third-party payment processors are bank customers that provide payment-processing services to merchants and other business entities.)

☐ Not a Third-Party Payment Processor.

☐ Yes – **IMPORTANT:** As stated on our current business account application, DCU does not maintain accounts for Third-Party Payment Processors.

15. **Privately-Owned ATM:** Is there a non-bank (privately-owned) ATM in your place of business?

☐ No, the organization does not have any Privately-Owned ATMs.

☐ Yes – **IMPORTANT:** As stated on our current business account application, 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.

Part 7 Certification of Beneficial Owner(s) and Controlling Person of Legal Entity Members

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.

A **legal entity for the purposes of this form 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.

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



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)

NOTE: If your business is a Sole Proprietorship **do not** complete this certification.

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 (business) 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?

- ☐ **No**, a separate legal entity does not own 25% or more of the legal entity listed in Part A. Continue on to Individual Beneficial Owner section(s) below.
- ☐ **Yes**. 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.

Complete the following information for **each** Beneficial Owner.

Individual Beneficial Owner #1:

Full Name		Physical Street Address, City, State, Zip Code	
Date of Birth	SSN	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo 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	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo 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	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo 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	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo 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 Part.**

Full Name		Physical Street Address, City, State, Zip Code	
Date of Birth	SSN	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo 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
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Please sign. Typed names will not be accepted unless verified as a digital signature.

Part 8 Business Resolution, TIN Certification, and Agreement

To Applicant: Please complete this Business Resolution section **ONLY** if you do not have an existing resolution to provide. 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.

Note: Not applicable to Sole Proprietorship

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

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

business to _____,
(Individual Granted Authority - must be the Individual listed in Part 3)

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.

Taxpayer Identification Number (TIN) Certification:

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. 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 AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) The TIN shown on this application is my correct taxpayer identification number. And (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Agreement:

By signing below, 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 DCU's Business Account Agreement;
- The information provided related to this application is true, correct, and complete; otherwise, DCU may demand payment in full on any debt I have outstanding with you and/or revoke any DCU services I use;
- We have read and agree to the terms and conditions of DCU's Business Account Agreement and the Schedule of Fees and Service Charges, each of which is incorporated by this reference, whether applicable to products and services being requested now or in the future. These disclosures are available for review at www.dcu.org, or upon request by contacting DCU.
- 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 DCU is authorized to act in all matters relating to the account upon the order of any one of the persons who sign below until DCU receives written instructions to the contrary. Only Additional (non-owner) Signatories may 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 DCU be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If DCU believes there is a conflict amongst the account owners, DCU 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 DCU 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 Unlawful 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 Parts 3 and 4 as well as anyone who is listed as owning 25% or more of the business).

Signature
Date

Signature
Date

Signature
Date

Signature

Date

Please sign. Typed names will not be accepted unless verified as a digital signature.

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

ID Number

Issue Date

Expiration Date

Describe Additional Documentation obtained (if required)

Individual in Part 4a

ID Type

ID Number

Issue Date

Expiration Date

Describe Additional Documentation obtained (if required)

Individual in Part 4b

ID Type

ID Number

Issue Date

Expiration Date

Describe Additional Documentation obtained (if required)

(Beneficial Owner(s) or Controlling Person) If not an individual in part 3 or 4a:

ID Type

ID Number

Issue Date

Expiration Date

Describe Additional Documentation obtained (if required)

ID Type

ID Number

Issue Date

Expiration Date

Describe Additional Documentation obtained (if required)