



**MEMBERS 1<sup>st</sup>**  
FEDERAL CREDIT UNION

## **Business Membership Application – Legal Entities** (Corporation, Limited Liability, Partnership, Organization, IOLTA) Instructions and General Information

### **Membership Eligibility**

For a business to establish an account, all owners (or Officers if it's an Organization) of the business entity must be:

- individually eligible through our field of membership;
- be a US Citizen or Permanent Resident; and
- be in good standing with the credit union (if they have or had any accounts with us).

A \$5 minimum opening deposit and balance in the Business Savings Account is required. This money remains in the account and is not considered a fee.

We also invite your company or organization to become a Select Employer Group, which provides your business with many value-added benefits. For more details, please contact a local branch manager or SEG Relationship Coordinator at (800) 283-2328, ext. 5745.

### **Required Information and Documentation**

To help the government fight the funding on terrorism and financial crimes, Federal regulation requires us to obtain, verify and record detailed information about the legal entity and its beneficial owners.

During the account opening process, the following information and documentation is required and must be obtained before the account will be opened:

- **Identifying Information and Documentation on all Authorized Signers, Owners\* and Control\*\* of the business or organization** - Name, SSN, Address, Date of Birth, Photocopy Government Issued Identification, and Occupation
- **State Filing/Formation Document** – varies based on your entity type: Articles of Inc., Certificate of Organization, or Fictitious Name Certification (if applicable), Meeting Minutes (Organizations Only)
- **Banking Resolution** – This document can be provided by the credit union if you don't already have one.
- **Certification of Beneficial Owner(s)** – This document will be provided by the credit union.
- **IRS EIN Letter** – SS4, 147C, Tax Return, etc.

*\*All natural persons who own 20% or more of the business. Please note that any other individuals or entities owning less than 20% will only need to provide their name and occupation. This requirement does not apply to Organizations.*

*\*\*Control – one individual with significant responsibility to control, manage or direct the business or organization*

***If you choose to open a loan product with us, additional documentation (including your governing document) will be required.***

In addition, we will also ask for detailed information about your business or organization, including but not limited to, the nature of the business, locations, type of expected transactions, customer base, associated websites and/or marketing tactics, etc. If your business has an ATM, we may require additional applicable documentation (such as the ISO Agreement, Lease Agreement, Third Party Service Agreement, Contracts, etc.).

**To begin the new account opening process, please submit this paperwork, along with all other required information and documentation to your local branch. For a listing of local branches, please visit us at [Members1st.org/atm-and-locations](http://Members1st.org/atm-and-locations).**

***Please note:*** Members 1st FCU reserves the right to refuse membership to business entities or organizations classified as “High Risk” in accordance with Members 1st FCU Policy. The credit union also periodically reviews all business members and associated accounts. If prohibited high-risk activity or unsatisfactory account handling is detected, the account immediately may be restricted and/or closed.



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**Members 1st FCU Business Membership Application**  
**Legal Entities (Corporation, LLC, Partnership, Organization)**

| Office Use Only |
|-----------------|
| Account#        |

**Business Information**

Name of Business/Organization \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Street Address: \_\_\_\_\_

Extra Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Business Type – Required Documentation**

| Corporation  | Limited Liability Company  | Partnership (GP, LP, LLP)   | Unincorporated Association/Organization  |
|--|--|---|--|
| <input type="checkbox"/> Articles of Incorporation<br><input type="checkbox"/> IRS EIN Letter<br><input type="checkbox"/> Banking Resolution<br><input type="checkbox"/> Certificate of Beneficial Ownership<br><input type="checkbox"/> Fictitious Name Certificate (if applicable) | <input type="checkbox"/> Certificate of Organization<br><input type="checkbox"/> IRS EIN Letter<br><input type="checkbox"/> Banking Resolution<br><input type="checkbox"/> Certificate of Beneficial Ownership<br><input type="checkbox"/> Fictitious Name Certificate (if applicable) | <input type="checkbox"/> Partnership Agreement (GP) or Certified Statement of Registration (LP, LLP) (or Tax Return in lieu of)<br><input type="checkbox"/> IRS EIN Letter<br><input type="checkbox"/> Banking Resolution<br><input type="checkbox"/> Certificate of Beneficial Ownership<br><input type="checkbox"/> Fictitious Name Certificate (if applicable) | <input type="checkbox"/> Meeting Minutes<br><input type="checkbox"/> IRS EIN Letter<br><input type="checkbox"/> Banking Resolution<br><input type="checkbox"/> Certificate of Beneficial Ownership |

**Business Products and Services**

Please indicate the products and services you are interested in establishing. Please note, only basic products are shown below.

- Regular Savings\*       Business Checking       Supplemental Savings       Business Money Management
- Business Visa Debit Card       Overdraft Protection       Online Banking       eStatements/eNotices (email required)

\*A Regular Savings with a minimum deposit of \$5 is required. The \$5 is used to qualify your business as a Member.

**Membership Eligibility**

Select Employer Group \_\_\_\_\_

Family Member Name (if applicable) \_\_\_\_\_

**W9 Certification**

Exempt payee code \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

By signing below, under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, and
- 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (including a U.S. resident alien).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

- I am an exempt recipient under the Internal Revenue Service Regulations.
- I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Signer Information – Person(s) authorized to transact business on this account**

Authorized Signer #1

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 U.S. Citizen ID Type \_\_\_\_\_ ID# \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 U.S. Permanent Resident  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Authorized Signer #2

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 U.S. Citizen ID Type \_\_\_\_\_ ID# \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 U.S. Permanent Resident  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Authorized Signer #3

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 U.S. Citizen ID Type \_\_\_\_\_ ID# \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 U.S. Permanent Resident  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Authorized Signer #4

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 U.S. Citizen ID Type \_\_\_\_\_ ID# \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 U.S. Permanent Resident  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Authorized Signer #5

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 U.S. Citizen ID Type \_\_\_\_\_ ID# \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_  
 U.S. Permanent Resident  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

\*If there are more than five Authorized Signers, please fill out another page 2

**Authorized Signer – Disclosure and Agreement**

We hereby make application for membership to Members 1st Federal Credit Union (“**Members 1st**”) on behalf of the Entity named in the Business Membership Application (“**Entity**”). I/We agree both individually and on behalf of the Entity to comply with Members 1st’s bylaws and amendments thereof, and maintain at least a \$5 minimum balance. Members 1st is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account and all sub-accounts related to this account. I/We acknowledge both individually and on behalf of the Entity receipt of the Business Share Account Agreement which contains relevant contractual obligations for this account and all sub-accounts, and by signing below, I/we agree, individually and on behalf of the Entity, to be bound by the terms therein. I/We have read and agree to the terms and conditions of the Business Share Account Agreement, the Members 1st Debit Card, EZ Call and/or Members 1st Online terms and conditions, and hereby accept and confirm both individually and on behalf of the Entity that all shares and accounts held by the Entity are subject to Members 1st’s Statutory Lien/Pledge, as well any consensual pledge in favor of Members 1st contained in an agreement binding on the Entity. I/We acknowledge individually and on behalf of the Entity that fund transfers connected with Internet gambling and any “restricted transaction”, as that term is defined in Federal Reserve Board Regulation GG (12 C.F.R. Part 233), are prohibited from being processed through the Entity’s account. By signing this application, I/We represent and warrant individually and on behalf of the Entity that the Entity does not operate an Internet gambling business, as that term is defined in Regulation GG. I/We agree individually and on behalf of the Entity that the information above is true and complete and authorize Members 1st to obtain any information necessary to process this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Authorized Signer #1

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Authorized Signer #2

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Authorized Signer #3

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Authorized Signer #4

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Authorized Signer #5

**Print Name** \_\_\_\_\_

\*If there are more than five Authorized Signers, please fill out another page 3

**Control/Owner/Officer – Supplemental Disclosure and Agreement**

1. All duly registered business names under which the Entity does business are listed on the Business Membership Application. The signers warrant that the Entity has been duly formed, is currently in existence, authorized to do business in this state, and has been registered with the required authorities. Members 1st may rely on Entity’s written authorization until such time as Members 1st is informed of changes in writing and has had a reasonable time to act upon such notice. Although Members 1st may exclusively rely on any certification provided by an individual purporting to be an authorized person on the Entity’s behalf, Members 1st reserves the right to require the Entity to provide a resolution, account authorization card or other documentary evidence satisfactory to Members 1st informing it who is authorized to act on the Entity’s behalf.
2. The persons listed above are authorized to transact business on behalf of the Entity. Each signer agrees, individually and on behalf of the Entity, to notify us of any change in title or authority. Members 1st may request other evidence of any signer’s authority at any time. Members 1st has no duty to inquire as to the powers and duties of any authorized signer, and shall have no knowledge of any breach of any duty owed by any individual to the Entity, unless Members 1st has actual knowledge of that breach. The authorized individuals above may also execute such other agreements or perform any transactions allowed under the Membership Account Agreement. Entity agrees that any authorized individual above may act individually to transact business on any of the Entity’s accounts with Members 1st, and Entity expressly waives any requirement that any two or more signers are required before a transaction is authorized.

3. We can accept and pay without further inquiry any item that is drawn against any of the Entity's accounts. Any authorized individual listed above is authorized to endorse all items payable to or owned by the Entity that are deposited or transferred to Members 1st, including items for collection. Members 1st further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Entity, which shall be executed in the name of the business by any of the authorized individuals. The authorized individuals are also authorized to receive from us, either orally or in writing, any information related to the account.
4. Entity also agrees to provide Members 1st, if requested, with a true copy of the corporate resolution, board minutes, partnership agreement, organization management agreement, articles of association, or other evidence that you are authorized to enter into this agreement on behalf of the Entity and that the signers listed above are authorized to transact business on the Entity's behalf.
5. The Entity and the authorized individual(s) agree(s) to indemnify, defend and hold Members 1st harmless from any claim or liability as a result of any unauthorized acts by any signer or former signer or acts which Members 1st relies on prior to receiving notice of any account change or change of Entity. The Entity agrees that Members 1st shall not be liable for any losses due to the Entity's failure to notify us of such changes.

In addition to the terms and conditions of the Membership Account Agreement, which are expressly incorporated herein by this reference, and which the authorized individuals below acknowledge receiving, both individually and on behalf of the Entity, the authorized individuals below also agree, both individually and on behalf of the Entity, to the additional terms and conditions stated above. The authorized individuals below also acknowledge receipt of and agree to, both individually and on behalf of the Entity, the terms of the rate sheet, as amended by Members 1st from time to time.

**Control/Owner/Officer Signature(s):**

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
Officer #1

**Print Name** \_\_\_\_\_ **Eligibility** \_\_\_\_\_

**Eligibility Type** \_\_\_\_\_ **\*Name of Family Member** \_\_\_\_\_  
\*On the line above, please indicate the name of family member, if applicable.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
Officer #2

**Print Name** \_\_\_\_\_ **Eligibility** \_\_\_\_\_

**Eligibility Type** \_\_\_\_\_ **\*Name of Family Member** \_\_\_\_\_  
\*On the line above, please indicate the name of family member, if applicable.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
Officer #3

**Print Name** \_\_\_\_\_ **Eligibility** \_\_\_\_\_

**Eligibility Type** \_\_\_\_\_ **\*Name of Family Member** \_\_\_\_\_  
\*On the line above, please indicate the name of family member, if applicable.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
Officer #4

**Print Name** \_\_\_\_\_ **Eligibility** \_\_\_\_\_

**Eligibility Type** \_\_\_\_\_ **\*Name of Family Member** \_\_\_\_\_  
\*On the line above, please indicate the name of family member, if applicable.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
Officer #5

**Print Name** \_\_\_\_\_ **Eligibility** \_\_\_\_\_

**Eligibility Type** \_\_\_\_\_ **\*Name of Family Member** \_\_\_\_\_  
\*On the line above, please indicate the name of family member, if applicable.



**Certificate and Resolution (Deposit Accounts)**

On behalf of the business entity named below (“**Entity**”), I hereby certify to Members 1st Federal Credit Union (“**Members 1st**”) as follows:

1. The full legal name of the Entity is \_\_\_\_\_;
2. The mailing address of the Entity is \_\_\_\_\_;
3. No petition for dissolution or bankruptcy of the Entity has been filed or is pending;
4. The tax identification number of the Entity is \_\_\_\_\_;
5. *Type of Entity.* The Entity is duly organized, validly existing and in good standing under the laws of \_\_\_\_\_ (state entity formed) as a:

- Corporation (Profit/Non-Profit) (Inc.)
- Limited Liability Company (LLC)
- Partnership (General, LP, LLP, LLLP)
- Organization (Unincorporated Association)
- Sole Proprietorship

6. *Formation and Fictitious Name Documents.* Attached are accurate copies of the following documents for the Entity and any business entity that is a general partner, manager, or managing member of the Entity, and any amendments of such documents (check all boxes that are applicable):

- Articles or certificate of incorporation (corporation)
- Certificate of organization or formation (limited liability company)
- Certificate of limited partnership (limited partnership)
- Registration of fictitious name (sole proprietorship/other)
- Foreign registration statement (out-of-state entity)
- Statement of Registration – Domestic Limited Liability Partnership
- Partnership Agreement, or recent tax return in lieu of Partnership Agreement (General Partnership)
- other \_\_\_\_\_

***[Deposit account resolution on following page]***

<sup>1</sup> This Certificate is intended to be used in conjunction with (and not in place of) a Beneficial Owner Certification for the Entity.

<sup>2</sup> For (1) sole proprietors who do business under their own individual name, (2) unincorporated associations, and (3) general partnerships without a written partnership agreement in place, the “other” line should be completed with the documentary evidence obtained to verify customer identity as detailed in Members 1st Federal Credit Union’s CIP Policy.

**Deposit Account Resolutions:**

**I FURTHER CERTIFY THAT the following resolutions were duly adopted by the Entity in accordance with its established governance process:**

**RESOLVED** that Members 1st, at any one or more of its offices or branches, is designated as the depository for the funds of this Entity, which may be withdrawn by checks, electronic withdrawals, debit cards, or other orders for the payment of monies by any one (1) of the following agents of the Entity, whose actual signatures are below (each an “**Authorized Signer**” for purposes of these Deposit Account Resolutions) and that Members 1st shall be and is authorized to honor and pay the same regardless of whether they are payable to bearer or to the individual order of any Authorized Signer signing the same (attached additional pages if necessary):

| NAME                          | TITLE | SIGNATURE |
|-------------------------------|-------|-----------|
| _____<br>Authorized Signer #1 | _____ | _____     |
| _____<br>Authorized Signer #2 | _____ | _____     |
| _____<br>Authorized Signer #3 | _____ | _____     |
| _____<br>Authorized Signer #4 | _____ | _____     |
| _____<br>Authorized Signer #5 | _____ | _____     |

**FURTHER RESOLVED** that Members 1st is hereby directed to accept and pay without further inquiry any item drawn against any of the Entity’s accounts with Members 1st bearing the signature of an Authorized Signer, even though drawn or endorsed to the order of such Authorized Signer or tendered by such Authorized Signer for cashing or in payment of the individual obligation of an Authorized Signer or for deposit into an Authorized Signer’s personal account(s), and Members 1st shall not be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

**FURTHER RESOLVED** that any each Authorized Signer is authorized to endorse all checks, drafts, notes and other items payable to or owned by the Entity for deposit with Members 1st, or for collection or discount by Members 1st, and to accept drafts and other items payable at Members 1st, and to close any accounts of the Entity with Members 1st.

**FURTHER RESOLVED** that each Authorized Signer is authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Entity may be deposited, collected or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

**FURTHER RESOLVED** that the authority hereby conferred upon the Authorized Signers shall be and remain in full force and effect until written notice of the revocation thereof shall have been delivered to and received by Members 1st at each location where an account is maintained, in the form of a resolution superseding this resolution.

(check if applicable) **FURTHER RESOLVED** that this Resolution is given in replacement of and supersedes any and all prior resolutions of the Entity in which Authorized Signers were designated with respect to deposit accounts with Members 1st.

The following individual represents that he or she has the authority to execute this Certificate on behalf of the Entity and that the above resolutions were adopted in accordance with the Entity’s established governance process at a meeting held, or a unanimous consent executed, on \_\_\_\_\_, 20\_\_\_\_ [INSERT DATE OF MEETING OR UNANIMOUS CONSENT].

CERTIFIED BY:

\_\_\_\_\_  
Control/Sole Proprietor (Signature) \_\_\_\_\_  
Date

Name: \_\_\_\_\_



MEMBERS 1<sup>st</sup>  
FEDERAL CREDIT UNION

## Certification of Beneficial Owner(s)

A. Name and Title of Person opening account

Name \_\_\_\_\_ Title \_\_\_\_\_

B. Name and Physical Address of Legal Entity

Name \_\_\_\_\_

Address \_\_\_\_\_

C. Please provide the following information for all owners, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns** 20% or more in equity interest of the legal entity listed above. (*Photocopy of government issued ID must be provided for each owner*)

\_\_\_\_\_ No individuals own 20% or more equity in the above named business (go to section D)

### BENEFICIAL OWNER(s)

|  |  |
|--|--|
| Name _____   | SSN/EIN _____                                    |
| Address _____<br><small>(Residential or Business Address)</small>  |  |
| <input type="checkbox"/> U.S. Citizen  | <input type="checkbox"/> U.S. Permanent Resident |
| Government Issued ID Type _____  | ID# _____  |
| Occupation or Type of Business _____   | Ownership % _____                                |
| Is the owner considered to be a Politically Exposed Person (PEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |

|  |  |
|--|--|
| Name _____   | SSN/EIN _____                                    |
| Address _____<br><small>(Residential or Business Address)</small>  |  |
| <input type="checkbox"/> U.S. Citizen  | <input type="checkbox"/> U.S. Permanent Resident |
| Government Issued ID Type _____  | ID# _____  |
| Occupation or Type of Business _____   | Ownership % _____                                |
| Is the owner considered to be a Politically Exposed Person (PEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |

|  |  |
|--|--|
| Name _____   | SSN/EIN _____                                    |
| Address _____<br><small>(Residential or Business Address)</small>  |  |
| <input type="checkbox"/> U.S. Citizen  | <input type="checkbox"/> U.S. Permanent Resident |
| Government Issued ID Type _____  | ID# _____  |
| Occupation or Type of Business _____   | Ownership % _____                                |
| Is the owner considered to be a Politically Exposed Person (PEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |



Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_  
(Residential or Business Address)

U.S. Citizen  U.S. Permanent Resident Government Issued ID Type \_\_\_\_\_ ID# \_\_\_\_\_

Occupation or Type of Business \_\_\_\_\_ Ownership % \_\_\_\_\_

Is the owner considered to be a Politically Exposed Person (PEP)?  No  Yes

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_  
(Residential or Business Address)

U.S. Citizen  U.S. Permanent Resident Government Issued ID Type \_\_\_\_\_ ID# \_\_\_\_\_

Occupation or Type of Business \_\_\_\_\_ Ownership % \_\_\_\_\_

Is the owner considered to be a Politically Exposed Person (PEP)?  No  Yes

\*if one or more of the above named Beneficial Owners is a legal entity another Certification of Beneficial Owner(s) form must be completed on each legal entity.

D. Please provide the following information for one individual with **significant responsibility to control, manage, or direct** the legal entity. (*photocopy of government issued ID must be provided*)

- An executive officer or senior manager (e.g. CEO, CFO, COO, Managing Member, General Partner, President, Vice President or Treasurer).
- Any other individual who regularly performs similar functions.

**Control**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
(Residential Address)

U.S. Citizen  U.S. Permanent Resident Government Issued ID Type \_\_\_\_\_ ID# \_\_\_\_\_

Title \_\_\_\_\_

Is the control considered to be a Politically Exposed Person (PEP)?  No  Yes

*Member 1st will ask for the legal entity to disclose all other owner(s) name and occupation on the Business Account Profile Form.*

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided is complete and correct. I also agree that I or an authorized representative of the Legal Entity will notify the financial institution of any change in such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Certification of Beneficial Owner(s) Form

## What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about beneficial owners of legal entity customers. 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 (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 an 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.

This form may be required for legal entities to certify beneficial ownership when certain events occur on the account.

For the purpose of the form, a **Legal Entity** includes a Corporation, Limited Liability Company (LLC), General /Limited Partnerships, Business Trust, IOLTA, Non-Profit Corporation, or Political Committee that is created by filing of a public document with a Secretary of State or similar office. Because of Members 1st account type structures, a Certificate of Beneficial Owner form listing a control person will be asked of all Organizations. **Legal Entity** does not include sole proprietorships, Public Funds, or natural person opening accounts on their own behalf.

## What information do I have to provide?

This form requires you to provide the name, physical address, social security number or employer identification number, occupation, non-expired government issued ID and whether the person is a U.S. Citizen, U.S. Permanent Resident or a Politically Exposed Person for the following individuals (the beneficial owners):

- Each individual, if any, who owns directly or indirectly, 20% percent or more of the equity interest of the legal entity member. If a legal entity owns directly or indirectly, 20% or more of the equity interest a Certification of Beneficial Owner form will be required for that legal entity until all “natural person” Beneficial Owners are identified.
- An individual with significant responsibility to control, manage, or direct the legal entity, including an executive officer (CEO, CFO, COO, Managing Member, General Partner, President, Vice President or Treasurer) or any individual who performs similar functions.

The number of individuals that satisfy this definition of “Beneficial Owner” may vary. Under section (c) up to five (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (c) you must provide the identifying information for one individual under section (d). It is possible that in some circumstance the same individual might be identified under both sections. Thus, a completed form will contain the identifying information of at least one (1) individual (under section d), and up to five (5) individuals who have 20% equity holders (under section c).

The credit union will also require photocopies of Government Issued ID for all Beneficial Owners identified above.



**MEMBERS 1<sup>st</sup>**  
FEDERAL CREDIT UNION

## Business Account Profile

Name of Business \_\_\_\_\_ Account: \_\_\_\_\_

**Does the business perform any of the following transactions?**

No Yes

- Check cashing services or other monetary instruments
- Issue or Sell Travelers Checks
- Issue or Sell Money Orders
- Issue, Sell or Redeem Stored Value Cards (excluding gift cards from own establishment)
- Deal in Foreign Exchange
- Money Transmission (i.e. Western Union Wire Transfers, Express Money Transfers)
- Operates as a Convenience Store

**Are any of the business activities related to Bitcoin, Cryptocurrency or Digital Currency?**

- Yes
- No

**Does your business process any of the following transactions on behalf of your merchant clients? (Third Party Payment Processor)**

No Yes

- Remotely Created Checks (RCC)
- Credit Card Payments
- Automated clearing house (ACH) transactions
- Debit and prepaid card transactions

**Is the business affiliated, in any way, with marijuana manufacturing/distribution/retail sales of tetrahydrocannabinols (THC), cannabiniols (CBN), cannabidiols/cannabinoids (CBD), or Hemp; OR does business with any company directly or indirectly related with these products or activities?**

- Yes
- No

**Is the purpose of the business to import or export products on behalf of other customers?**

- Yes
- No

**Is the business registered OR headquartered OUTSIDE of the United States?**

- Yes
- No

**Are any owners of the business not a U.S. Citizen or U.S. Permanent Resident?**

- Yes
- No

**STOP: If you answered YES to any of the questions above, the business account CANNOT be opened.**

Is this a full-time business venture?

- Yes
- No

How many people are employed by the business? \_\_\_\_\_

Please provide a list of all parties who have less than 20% ownership interest in the business. Include Full Name & Occupation. *(Not applicable if the business is a Sole Proprietorship, Organization, or Non-Profit)*

How many owners own less than 20%? \_\_\_\_\_

| First Name | M.I. | Last Name | Primary Occupation |
|------------|------|-----------|--------------------|
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |

A Politically Exposed Person is an individual who is entrusted with prominent public functions such as heads of state government or other public offices, politicians, judicial or military officials.

Are any owners considered a Politically Exposed Person (PEP) or has any business or personal relation to a PEP, foreign or domestic?

- Yes (If yes, complete the following Name of Owner(s).)
- No

Name of Owner(s) \_\_\_\_\_

How many business locations do you have (including headquarters/home office/rental property) and provide physical address(s) for each? If there is only one location, and it will be listed as the physical address of the business, simply enter "same as on application". Number of Locations: \_\_\_\_\_

| Location # | Address |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |
|            |         |

**Is your business a non-profit Organization, Corporation or LLC? (*If the business is a Sole Proprietorship, Corporation (for profit) or LLC (for profit) – check “No”*)**

- Yes (If yes, the following 4 questions need to be completed.)
- No

**Provide a description of who is served by the non-profit organization.**

**What is the source of funding for the account (i.e. donor base)? Include a description.**

**Provide a description of the beneficiaries who receive the funds from the organization?**

**Does your organization have any affiliations with other organizations, governments or groups? If yes, please provide names of organizations.**

**Provide a detailed description of your business to include the products and services you offer.**

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**Does your business sell products & services via the internet or social media?**

- Yes
- No

**Please provide the website, storefront, username or social media URL: \_\_\_\_\_**

**Does your business or non-profit have a website or social media page?**

- Yes (If yes, please provide the address below.)
- No

**Please provide the website or social media URL: \_\_\_\_\_**

**Where are the business' customers primarily located?**

- Pennsylvania
- National (across United States)
- International
- All of the above

**Is more than 50% of business' income derived from cash sales/provided services?**

- Yes
- No

**Is the business registered in any State to operate small games of chance?**

- Yes
- No

**Please provide your 6-digit NAICS/Industry Code, if known. \_\_\_\_\_**

**Does the business intend to conduct any international transactions?**

- Yes (If yes, the following questions need to be completed.)
- No

**What countries will be involved in these transactions?**

**What is the purpose of the international activity?**

**Does the business own, lease or maintain any ATMs?**

- Yes (If yes, the following questions need to be completed.)
- No

**Who is the owner of the ATM(s)?**

- Business
- Leased from Third Party (please provide name) \_\_\_\_\_
- Other (please provide name) \_\_\_\_\_

**How many ATM locations?** \_\_\_\_\_

**What is the source of cash used to replenish the ATM(s)?**

- Another Financial Institution (please provide name) \_\_\_\_\_
- Armored Car Service (please provide name) \_\_\_\_\_
- Other \_\_\_\_\_

**Members 1st will ask the business owner to complete a Privately-Owned Automated Teller Machine (ATM)**

**Questionnaire for each ATM location and provide documentation for their ATM within 15 days from account opening to include but not limited to the following:**

- ISO Agreement
- Purchase or Sales Agreements
- Lease Agreements
- Third Party Service Agreements
- ATM Provider Contract
- ATM Servicer Contracts (i.e. Armored Car Agreement)
- Prior Bank Statements showing activity

## Business Account Profile - Instructions

Answers to the questions on the Business Account Profile Form are required to assist the credit union in complying with both The Bank Secrecy Act and The USA PATRIOT Act. Explain to the business member that if they provide information later determined to be inaccurate, Members 1st FCU reserves the right to take action that may include account suspension or termination.

### Does the business perform any of the following transactions?

- Check cashing services or other monetary instruments
- Issue or Sell Travelers Checks
- Issue or Sell Money Orders
- Issue, Sell or Redeem Stored Value Cards (excluding gift cards from own establishment)
- Deal in Foreign Exchange
- Money Transmission (Western Union Wire Transfers, Express Money Transfers)
- Operates as a Convenience Stores (A small store that stocks a range of everyday items such as groceries, snack foods, candy, toiletries, soft drinks, tobacco products, and newspapers.)

Businesses that perform the above transactions/services are **not** eligible for membership in accordance with Members 1st Board Policy.

### Are any of the business activities related to Bitcoin, Cryptocurrency or Digital Currency?

Businesses whose activities are related to Bitcoin, Cryptocurrency or Digital Currency are **not** eligible in accordance with Members 1st Board Policy. Virtual/Digital currency is an internet based medium of exchange i.e. wallet providers, bitcoin exchange, payment service providers, venture capital, mining pools, cloud mining, peer to peer lending, exchange-traded funds, over the counter trading, gambling, micro-payments, affiliates and prediction markets. It is distinct from physical currency such as banknotes and coins and is not backed by any country's central bank or government. It can be traded for goods or services with vendors who accept virtual/digital as payment.

### Does your business process any of the following transactions on behalf of your merchant clients? (Third Party Payment Processor)

Third party payment processors often use their bank accounts to conduct payment processing for their merchant clients. The credit union does not have a direct relationship with the merchant. Third-Party Processors are not eligible for membership in accordance with Members 1st Board Policy.

### Is the business affiliated, in any way, with marijuana manufacturing/distribution/retail sales of tetrahydrocannabinols (THC), cannabinols (CBN), cannabidiols/cannabinoids (CBD), or Hemp; OR does business with any company directly or indirectly related with the products or activities?

Businesses affiliated, in any way, with marijuana, tetrahydrocannabinols (THC), cannabinols (CBN), cannabidiols/cannabinoids (CBD) or Hemp manufacturing/distribution/retail sales are **not** eligible for membership in accordance with Members 1st Board Policy. This includes but is not limited to: Growing, Transporting, Distributing, Retail Sales.

### Is the purpose of the business to import or export products on behalf of other customers?

Businesses that exist to provide import/export services are **not** eligible for membership in accordance with Members 1st Board Policy. This does not include businesses that may periodically import or export products for their own retail sales.

### Is the business registered OR headquartered OUTSIDE of the United States?

Businesses registered or headquartered outside of the United States are **not** eligible for membership in accordance with Members 1st Board Policy.

### Are any owners of the business **not** a U.S. Citizen or U.S. Permanent Resident?

Businesses whose ownership includes a non-U.S. Citizen or non-U.S. Permanent Resident are **not** eligible for membership in accordance with Members 1st Board Policy.

**Is this a full-time business venture?**

Does the business owner operate this business as a full-time endeavor?

**How many people are employed by the business?**

What is the total number of people the business employs?

**Please provide a list of all parties who own less than 20% ownership interest in the business. Include Full Name & Occupation. How many owners own less than 20%?**

Indicate the number of parties who have an ownership interest in the business less than 20%, ownership interest 20% or greater will be shown on the *Certificate of Beneficial Owner*. List all persons who have a legal claim in the company, regardless of the percentage of ownership or the extent of their involvement in the business (i.e., silent partner). Provide their full legal name and primary occupation. Please be aware that an owner may have a different primary occupation than that related to their association with the business. (Example: *Mary Smith owns 20% of Beach Rentals LLC; however, her full-time job is a stockbroker*). There will be no owners for Non-Profit Corporations, Organizations or Public Fund Accounts.

**Are any owners considered a Politically Exposed Person (PEP) or has any business or personal relationship to a PEP, foreign or domestic?**

A Politically Exposed Person is an individual who is entrusted with a prominent public function such as heads of state government or other public offices, politicians, judicial or military officials. List the full name of the owner(s) who is a PEP.

**How many business locations do you have (including headquarters/home office/rental property) and provide physical address(s) for each? If there is only one location, and it will be listed as the physical address of the business, simply enter "same as on application".**

List the physical address for each location, including any subsidiary locations or rental properties.

**Is your business a non-profit Organization, Corporation or LLC? (if the business is a Sole Proprietorship, Corporation (for profit) or LLC (for profit) – check "No"**

If the business is a non-profit organization the following questions need to be completed:

**Provide a description of who is served by the non-profit organization.**

**What is the source of funding for the account (i.e. donor base)? Include a description.**

**Provide a description of the beneficiaries who receive the funds from the organization.**

**Does your organization have any affiliations with other organizations, governments or groups?**

**Provide a detailed description of your business to include products and services your business offers.**

Provide a detailed description of the business. The description must include the products or services provided by the business; the individuals or entities who use the products or services; how the products or services are sold or provided.

**Does your business sell products & services via the internet or social media?**

Selling products and services via the internet includes listing them on the business' site or any third-party site such as Amazon, eBay, etc.

**Please provide the website URL**

Provide the business' website or social media address.



**Does your business or non-profit have a website or social media page?**

**Please provide the website URL**

Provide the business' website or social media address.

**Where are the business' customers primarily located?**

Please select from the choices provided.

**Is more than 50% of business' income derived from cash sales/provided services?**

The business's primary means of income is from cash transactions with their customers.

**Is the business registered in any State to operate small games of chance?**

Is the business registered in any state to operate small games of chance, such games include pull-tab games, punchboards, raffles, daily drawings, weekly drawings, race night games, pools (excluding sports pools) or 50/50 drawings.

**Please provide your 6-digit NAICS/Industry Code, if known.**

This is a six-number code which identifies the business type.

**Does the business intend to conduct any international transactions?**

Will the business conduct any international transactions? Wire transfers and automated clearing house (ACH) transactions are the most common types. If they answer yes, answer the following questions.

**What countries will be involved in these transactions?**

List all countries expected to be involved in the international activity.

**What is the purpose of the international activity?**

Explain the reason for the international transactions

**Does the business own, lease or maintain any ATMs?**

Does the business own, lease, house or maintain any ATMs. If the answer is yes, answer the following questions.

**Who is the owner of the ATM(s)?**

Please select from the list. If "Leased" or "Other" is selected, provide the name of the owner or company leased from. (i.e., Owned and maintained by Members 1st FCU, Owned by ABC Company and maintained by Dunbar)

**How many ATM locations?**

How many locations the business owns, leases or maintains ATMs.

**What is the source of cash used to replenish the ATM(s)?**

Select from the choices and provide further clarification in the spaces provided.

Please be aware that, as a service, Members 1st does not provide cash for businesses to maintain their ATM(s).



**MEMBERS 1<sup>st</sup>**  
FEDERAL CREDIT UNION

**Office Use Only**

Date: \_\_\_\_\_

User ID: \_\_\_\_\_

Initials: \_\_\_\_\_

(Send completed form to  
Member Services)

**Business Online Banking Authorization**

An account which a qualified business\* has enrolled in the Online Banking Program can be accessed either (1) through an individual username and password of each authorized signer on the account (“**Authorized Signer Access**”) or (2) through a single username and password for the account (“**Business Account Access**”). The purpose of this form is to enable the business entity identified below (the “**Business**”) to select the means of access which best serves the needs of the Business. This form applies only to the account identified below (the “**Account**”).

- Authorized Signer Access:** If the Business selects this option, each person who is an authorized signer on the Account will be able to access the Account using that person’s individual username and password. If the authorized signer has any other accounts (personal or business) at Members 1<sup>st</sup> FCU, the signer will be able to access all of those accounts using the same username and password. However, the authorized signer will not be able to access personal accounts owned by other authorized signers.
  
- Business Account Access<sup>^</sup>:** If the Business selects this option, the Account may only be accessed through a single username and password which has been established by the Business for the Account. Any individual to whom the Business provides the Business’s username/password will have full access to the Account, regardless of whether that individual is an authorized signer on the Account. Members 1<sup>st</sup> FCU reserves the right to permit any authorized signer listed on the Account to unlock and to reset the password to online banking under the Business’s username.

*^Please note: once this option is selected, the account cannot be switched to “Authorized Signer Access”.*

\*A qualified business is a business entity that has a unique EIN (including Credit Union Accounts). A business (e.g., a sole proprietorship) which uses a social security number as its tax identification numbers does not qualify for the Business Account Access.

By signing this Authorization, the Business acknowledges and agrees that Members 1<sup>st</sup> FCU is authorized to provide online access to the Account to any authorized signer or to any individual to whom the Business provides the Business’s username and password, depending on the means of access selected. An individual who has online access to the Account will be able to view Account balances and transactions *and* will be able to perform all online banking activities which the Business conducts in the Account. If the Business sends payment orders to Members 1<sup>st</sup> FCU for transfers from the Account, the Business agrees that the means of access which the Business has selected is a commercially reasonable security procedure. This Authorization has been signed by an authorized representative of the Business, with the intent that the Business be legally bound.

**Business Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

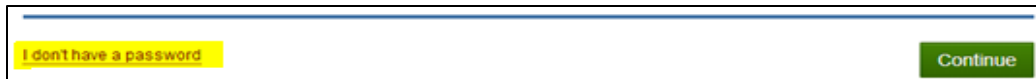
**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

\*\*\*\*\*Sole proprietorships and limited liability companies using SSNs are NOT required to sign this form\*\*\*\*\*

## Online Banking Registration/Enroll Instructions

1. Go to [www.members1st.org](http://www.members1st.org)
2. Click on the Members 1<sup>st</sup> Online tab
3. Enter Account Number
4. Click Sign In
5. Confirm your Identity - Depending on which option you selected above will depend on which instructions you follow below.
  - a. Authorized Signer Access
    - i. Enter last 4 digits of SSN
  - b. Business Account Access
    - i. Enter last 4 digits of EIN
6. If you have used Online Banking previous to 1/7/14, enter your password and then skip to #10. If you did not use Online Banking or you forgot your password, continue to #7
7. Click “I don’t have a password” link, then click continue



A screenshot of a web form. On the left, there is a yellow button with the text "I don't have a password". On the right, there is a green button with the text "Continue".

8. Select how you would like to receive your Verification Code (email or text), Click continue
9. Refer to the email/text for the verification code, and enter that into “Verification Code” and click continue
10. Enter a Username of your choice



A screenshot of a text input field labeled "Username". Below the field, the requirements are listed: "At least 1 letter" and "6-30 characters (no spaces)".

11. Enter a Password of your choice (note the strength requirements), then re-enter for verification purposes



A screenshot of the password creation interface. It shows two input fields: "Password" and "Re-enter Password". The "Password" field has a strength indicator showing four yellow bars and the text "Good". The "Re-enter Password" field has a green checkmark and the text "Match!". To the left of the "Password" field, the requirements are listed: "At least 1 number", "At least 1 special character (ex. !)", "1 upper case and 1 lower case letter", and "At least 8 characters".

12. Read through the Terms, Conditions, and Disclosures
13. Click Continue
14. Select a Security Image and enter a caption (this will appear when you log on each time – it’s a security feature to ensure you’re signing into the correct log-in)
15. Answer three security questions (these will need to be answered correctly periodically when logging in)
16. You may be prompted to accept an eStatement disclosure or to enroll in eStatements.
17. Your registration is complete!