

BUSINESS ACCOUNT OPENING CHECKLIST

Partnerships (General, Limited and Limited Liability):

Documents obtained from the Member:

- IRS tax document with Partnership's Employer Identification Number (EIN)
- Written Partnership Agreement (if applicable)
- Physical Address of Business
- CIP on all Authorized Signers (ID Verify/OFAC) – Government issued IDs and SSN for all signers
- Trade Name Certificate (unless the first and last name of partners are included in the business name) or proof of filing with the local town/city government.
- Certificate of Partnership (must be file stamped)

Documents provided by the Credit Union:

- Business Membership Application
- Business Account Opening Questionnaire
- Certification of Beneficial Owner(s) form

Limited Liability Companies (LLC):

Documents obtained from the Member:

- Articles/Certificate of Organization (must be file stamped)
- IRS tax document with LLC's Employer Identification Number(EIN) Sole member LLCs may use SSN
- LLC's Operating Agreement or Member Control Agreement
- Physical Address of LLC
- CIP on all Authorized Signers (ID Verify/OFAC) – Government issued IDs and SSN for all signers

Documents provided by the Credit Union:

- Business Membership Application
- Business Account Opening Questionnaire
- Certification of Beneficial Owner(s) form
- Limited Liability Company Authorization Resolution (**NOT IN THIS PACKAGE, PROVIDED AT BRANCH**)

Sole Proprietorships/DBA Accounts:

Documents obtained from the Member:

- CIP on Sole Proprietor/any Authorized Signers (ID Verify/OFAC)
– Government issued IDs and SSN for all signers
- Trade Name Certificate (unless the first and last name of partners are included in the business name) or proof of filing with the local town/city government.
- IRS tax document with Sole Proprietor's Employer Identification Number (EIN). If no employees, may use SSN of sole proprietor.
- Copy of Business License/Sales Tax Certificate/Seller's Permit or other similar documents required by local municipality.

Documents provided by the Credit Union:

- Business Membership Application
- Business Account Opening Questionnaire
- Sole Proprietorship Resolution of Authority (**NOT IN THIS PACKAGE, PROVIDED AT BRANCH**)

BUSINESS ACCOUNT OPENING CHECKLIST

Unincorporated Organization, Association, Group or Club:

Documents obtained from the Member:

- _____ Written documentation such as Board meeting minutes approving the creation of the account at GE Credit Union and specifying the authorized signers for the account.
- _____ CIP on all Authorized Signers (ID Verify/OFAC) – Government issued IDs and SSN for all signers
- _____ IRS tax document with entity's Employer Identification Number (EIN) or Tax Identification Number (TIN)
- _____ Charter/Bylaws

Documents provided by the Credit Union:

- _____ Business Membership Application
- _____ Business Account Opening Questionnaire
- _____ Certification of Beneficial Owner(s) form

For Profit and Professional Corporations:

Documents obtained from the Member:

- _____ Articles / Certificate of Incorporation (must be file number stamped)
- _____ IRS tax document with Corporation's Employer Identification Number (EIN)
- _____ Corporation's Bylaws
- _____ Physical Address of Corporation
- _____ CIP on all Authorized Signers (ID Verify/OFAC) – Government issued IDs and SSN for all signers

Documents provided by the Credit Union:

- _____ Business Membership Application
- _____ Business Account Opening Questionnaire
- _____ Certification of Beneficial Owner(s) form
- _____ Corporate Authorization Resolution (**NOT IN THIS PACKAGE, PROVIDED AT BRANCH**)

Non-Profit Corporations:

Documents obtained from the member:

- _____ Articles / Certificate of Incorporation (must be file number stamped)
- _____ IRS tax document with Non Profit's Tax Identification Number (TIN) or Employer Identification Number (EIN)
- _____ Corporation's Bylaws
- _____ Physical Address of Corporation
- _____ CIP on all Authorized Signers (ID Verify/OFAC) – Government issued IDs and SSN for all signers
- _____ PAC's (Political Action Committee's) Statement of Organization
– if contribution/expenditures exceed \$1,000 in a calendar year

Documents provided by the credit union:

- _____ Business Membership Application
- _____ Business Account Opening Questionnaire
- _____ Certification of Beneficial Owner(s) form
- _____ Corporate Authorization Resolution (**NOT IN THIS PACKAGE, PROVIDED AT BRANCH**)



BUSINESS MEMBERSHIP APPLICATION
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BUSINESS INFORMATION	
Business Name	Account Number
Street	
City/State/Zip	TIN
Phone	OFAC Checked?
State of Organization	Date Established

TYPE OF BUSINESS OR ORGANIZATION				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Organization
<p>Sole Proprietorship: Attach business license and fictitious business name statement, if any, and complete the sole proprietor's certification on this application.</p> <p>Corporation: Attach Articles of Incorporation, fictitious business name statement (if any), Domestic Stock Statement, and Corporate Authorization Resolution establishing the opening of a financial institution account.</p> <p>Limited Liability Company: Attach Articles of Organization and fictitious business name statement, if any, and complete the LLC certification on this application.</p> <p>General Partnership (including joint ventures): Attach business license and fictitious business name statement, if any, and complete the general partnership certification on this application.</p> <p>Organization: Attach Resolution of Association, or other Similar Organization, if any, and complete Organization certification on this application.</p>				

ACCOUNT TYPE	
All of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all of the accounts listed below unless the credit union is notified in writing of a change.	
<input type="checkbox"/> Business Savings	<input type="checkbox"/> Money Market
<input type="checkbox"/> Business Checking	<input type="checkbox"/> Other
<input type="checkbox"/> Share Certificate of Deposit	
* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this application applies to more than one account of the same type, more than one suffix will be listed for that account type.	

ACCOUNT SERVICES	
<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Overdraft Privilege (ODP)	<input type="checkbox"/> Other
<input type="checkbox"/> Online Banker	
<input type="checkbox"/> Telephone Banking	

AUTHORIZED SIGNERS			
Name 1	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Phone / Mobile ?		<input type="checkbox"/> OFAC Checked?	
Work Phone		E-mail	
Name 2	Title	SSN/TIN	Date of Birth
Street		ID No.	Type of ID
City/State/Zip		ID Issue Date	ID Exp Date
Phone / Mobile ?		OFAC Checked?	
Work Phone		E-mail	

GE Credit Union

Business Account Opening Questionnaire

**** MSRs - Enter code (1) on Symitar (Money Business Service field) if YES to any question. ****

What type of business is this? (i.e. restaurant, landscaping, etc.) Please provide description on line below.

Are you a marijuana related business? Yes _____ No _____

How much cash do you anticipate depositing on a monthly basis? _____

How much cash do you anticipate withdrawing on a monthly basis? _____

Expected ACH activity on a monthly basis? _____

Check Cashers - Will you cash checks for your customers?

Yes _____ No _____

If Yes, will you cash checks over \$1,000 for any person on any day in 1 or more transactions?

Yes _____ No _____

Issuers or sellers of travelers' checks or money orders -

Do you sell money orders, stored value cards or travelers checks to your customers?

Yes _____ No _____

Wire Transfers - Do you transmit or send money for your customers?

Yes _____ No _____

If Yes, Anticipated Amount of Outgoing Wire Transfers Monthly? _____

If Yes, Anticipated Amount of Incoming Wire Transfers Monthly? _____

Dealers in Foreign Exchange?

Yes _____ No _____

Providers of Prepaid Access?

Yes _____ No _____

Sellers of Prepaid Access?

Yes _____ No _____

GE CREDIT UNION

CERTIFICATION REGARDING BENEFICIAL OWNERS 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 entity members. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any 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; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity's **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1))

a legal entity may have multiple "beneficial owners," this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), 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 above. **Check here if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		15a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth <small>(MM/DD/YYYY)</small>
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		26a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

(MM/DD/YYYY)

Legal Entity Identifier (Optional) _____

Additional Section 1 - Second Beneficial Owner (If required)

Please provide the following information for an individual(s), 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 above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner (If required)

Please provide the following information for an individual(s), 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 above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Additional Section 1 - Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), 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 above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Paperwork Reduction Act Notice

Public recordkeeping burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 1506-0070. You may submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, by calling the FinCEN Resource Center at 800-767-2825 or by email at frc@fincen.gov. Alternatively, you may mail us comments at Policy Division, Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183. Please include 1506-0070 in the body of the text.