

Business Account Application

(Instructions and General Information)



How to Establish Membership

- » **Email/Upload:**
Complete this application, signed by all business owners/officers/authorized signer(s), with required documentation. You can securely upload your application at SignatureFCU.org/upload or email your application to newaccounts@signaturefcu.org.
- » **Online:**
Visit SignatureFCU.org/BusinessAccounts to complete and submit online.
- » **Mail:**
You can mail your completed signed application, signed by all business officers/owners/authorized signers with required documentation to:
New Accounts
Signature Federal Credit Union
12 Herbert Street
Alexandria, VA 22305

Have a question or need assistance with your application? Contact our New Accounts Department at (800) 336.0284 ext. 505 or email newaccounts@signaturefcu.org

Required Business Entity Documentation

- » Page 1 of the Business Membership Application contains the required business entity documentation for each business type. Please submit required documentation per business type with your application.
- » Signature FCU recognizes that various U.S. States, Counties, and/or Local Municipalities may have variations specific to the titles of specific Business Entity documentation. These documents will be acceptable if found to be reasonably comparable to Signature FCU's documentation requirements.
- » For Partnerships, please provide your complete Partnership Agreement.
- » Please ensure all signatures are provided and appropriate documentation is included with your application.

Authorized Signers

- » Authorized Signers are allowed access to all Business Share and Draft accounts.
- » The business owners are automatically included as Authorized Signers. Only the business owner(s) are allowed to add or remove signers from business accounts with a completed business account update application, available at SignatureFCU.org/BusinessAccounts
- » Authorized Signers do not need to be an individual member(s) of Signature FCU.

Prohibited Account Types

Signature FCU is unable to open business accounts for the following business types:

- » Internet Gambling Business
- » Marijuana-Related Business
- » Money Services Businesses (MSB)

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Misplace your EIN?

Go to www.IRS.gov and search "Misplace Your EIN" or call 800.829.4933.

Business Information				
Name of Business				
DBA Name (If applicable)			Business Phone No.	
Physical Address of Business (Cannot be a post office box)	Street	City	State	Zip Code
Mailing Address of Business (If different from above address)	Street	City	State	Zip Code
List All Additional Locations of Business (If Any)	Street	City	State	Zip Code
Email Address (Required for online branch access)			Website Address	

Type of Business Please select business legal structure and appropriate proof of existence documents as noted below business entity type.				
Legal Structure of Business (all parts of this section are required)				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> IRS EIN Letter (if applicable) AND <input type="checkbox"/> Valid Business License Business Permit If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<input type="checkbox"/> Partnerships* <input type="checkbox"/> Partnership Agreement (OR Limited Partnership Agreement) <input type="checkbox"/> IRS EIN Letter If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<input type="checkbox"/> Corporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Bylaws If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<input type="checkbox"/> Single Member - Limited Liability Company (LLC) <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Bylaws If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<input type="checkbox"/> Multi Member - Liability Company (LLC) <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Bylaws If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)
*Applies to Limited Partnership (LP), Limited Liability Partnership (LLP), and Professional Limited Liability Partnership (PLLP)			*501 (c)(3) Non-Profit Organization - Please use Organizational Account Application	

Business Details				
Is your Business any of the following? (Check all that apply).				
<input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Parking Garage <input type="checkbox"/> Legal Service Provider <input type="checkbox"/> Real Estate <input type="checkbox"/> Food Services	<input type="checkbox"/> Restaurant <input type="checkbox"/> Liquor Store <input type="checkbox"/> Convenience Store <input type="checkbox"/> Vending Machine Operator <input type="checkbox"/> Retail	<input type="checkbox"/> Consulting <input type="checkbox"/> Construction <input type="checkbox"/> Administrative Services <input type="checkbox"/> Charity or Non-Governmental Organization (NGO) <input type="checkbox"/> Transportation	<input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Other _____	
Describe the nature of your Business (Actual goods sold or service(s) provided)				
Estimated annual sales/revenue <input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> Greater than - \$1,000,000				
Anticipated monthly transaction amounts				
<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Checks \$ _____		<input type="checkbox"/> ACH Domestic \$ _____		
<input type="checkbox"/> Wire Domestic \$ _____		<input type="checkbox"/> Debit/Credit Cards \$ _____		
Business' primary trade area (Check all that apply.)			Do you have accounts for this Business with an institution other than Signature FCU?	
<input type="checkbox"/> Local Community <input type="checkbox"/> Statewide <input type="checkbox"/> Nationwide			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	
Purpose/type of transactions for which your Signature FCU account will be used:			Is the internet a major source of revenue for your Business?	
<input type="checkbox"/> Operating/General Purpose <input type="checkbox"/> Escrow Management <input type="checkbox"/> Savings/Investment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			How many employees do you have?	

Business Products & Services		
<input checked="" type="checkbox"/> Business Savings Account* <input type="checkbox"/> Business Checking <input type="checkbox"/> Business High-Yield Checking	<input type="checkbox"/> Visa Signature Business <input type="checkbox"/> LOAN _____	<input type="checkbox"/> Money Market Account <input type="checkbox"/> Share Certificate

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Funding Requirements for New Business Memberships			
Deposit Amount (\$5 minimum)	Deposit Source <input type="checkbox"/> Check <input type="checkbox"/> Debit or Credit Card <input type="checkbox"/> Transfer - Member Number _____		
Visa/Mastercard/Account Number	Exp.	CVV.	ZIP.

List the following information for each individual who (directly or indirectly) through any contract arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify, and record information that identifies all new Credit Union Members. The Credit Union must also verify non-members added as signatories on all accounts. In addition to verify identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy.

Beneficial Owner One			
Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.	Driver's License or Government ID No. or State ID No. ID No.	(___% of ownership)
Address		City	State ZIP Code
Primary Phone Number		Email Address	
Employer		Profession/Title	

Beneficial Owner Two			
Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.	Driver's License or Government ID No. or State ID No. ID No.	(___% of ownership)
Address		City	State ZIP Code
Primary Phone Number		Email Address	
Employer		Profession/Title	

List the following information for one individual with significant responsibility for managing the legal entity listed about such as:

1. An executive officer or senior manager (Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or treasurer) OR
2. Any other individual who regularly performs similar functions.

INDIVIDUAL WITH CONTROL INFORMATION

Name: _____

Job Title: _____

Date of Birth: _____ SSN Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary ID (Type, State of Issue, Number, Expiration): _____

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How will you use your new business account?

INTERNET GAMBLING

Does your business make income from net gambling?

YES NO

***If you selected "yes", Signature FCU is unable to open an account for this business type.**

MARIJUANA-RELATED SERVICE

Is this a marijuana-related business?

YES NO

***If you selected "yes", Signature FCU is unable to open an account for this business type.**

PROFESSIONAL SERVICE PROVIDERS

Do you act as intermediary btwn clients and bank?

YES NO

EMBASSY, FOREIGN CONSULATE, OR FOREIGN MISSION

Is the organization an embassy or frgn consulate?

YES NO

NONBANK FINANCIAL INSTITUTIONS (EXCLUDING MSB)

Does your business involve any of the following?

- Casinos, card clubs, or gambling establishments > \$1M
- Securities, future commissions, or commodity training
- Insurance
- Loan/Finance
- Credit Card System Operation
- Precious metals, stones, or jewels > \$50,000
- Pawn Brokerage

- Travel Agency
- Telegraph Company
- Vehicle Sales (automobile, airplanes, boats)
- Real Estate Closing and Settlement
- U.S. Postal Service
- Fed, state, or local govt agcy
- None of the above

MONEY SERVICES BUSINESSES (MSB)

Does your business involve any of the following?

- Forex > \$1,000 to 1 person in 1 day
- Cash checks > \$1,000 for 1 person in 1 day
- Issue/sell money orders > \$1,000 to 1 person in 1 day
- Transit money on customer's behalf electronically

- Administer or exchange virtual currency
- Non-network-branded card sales that exceed \$2,000
- Network-branded card sales that exceed \$1,000
- None of the above

***If you checked any boxes except "none of the above", SFCU is unable to open an account for this business type.**

NON-GOVERNMENTAL ORGANIZATIONS OR CHARITIES

1. Do you depend on charitable donations for support?

YES NO

2. In what country is your organization chartered? _____

3. Do you have donors or vol from non-US countries?

YES NO

BULK SHIPMENTS OF CURRENCY

Does your co offer courier or armored car svcs?

YES NO

***If you selected "yes", Signature FCU is unable to open an account for this business type.**

THIRD PARTY PAYMENT PROCESSORS

Will you be proc trans that benefit a third party?

YES NO

***If you selected "yes", Signature FCU is unable to open an account for this business type.**

PRIVATELY-OWNED ATM

Down you own, operate or replenish an ATM?

YES NO

***If you selected "yes", Signature FCU is unable to open an account for this business type.**

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In addition to the Business Owner(s), the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by Signature Federal Credit Union to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. A Business Owner(s) is the only individual(s) entitled to add and delete Authorized Signers with a completed business account update form available at SignatureFCU.org/BusinessAccounts

Authorized Signer One				
Name: First		MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.	Driver's License or Government ID No. or State ID No. ID No.	State	Current member of Signature FCU <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP Code
Primary Phone Number		Email Address		
Employer		Profession/Title		

Authorized Signer Two				
Name: First		MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.	Driver's License or Government ID No. or State ID No. ID No.	State	Current member of Signature FCU <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP Code
Primary Phone Number		Email Address		
Employer		Profession/Title		

Authorized Signer Three				
Name: First		MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No.	Driver's License or Government ID No. or State ID No. ID No.	State	Current member of Signature FCU <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP Code
Primary Phone Number		Email Address		
Employer		Profession/Title		

(Copy of government issued ID required for all account signers)

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Disclosure and Agreement

I (We) understand that this Agreement is not valid without my (our) signature(s). The words "we," "our," or "your" refer to either the business owner or the business entity. I understand that Signature FCU requires a \$5 minimum deposit. I (We) confirm that I (we) have received and agree with the New Membership Account Disclosure. I (We) certify that I (we) do not participate in any Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2009 and Regulation GG. I (We) further agree that such transactions are prohibited from being processed through the Signature FCU business account or any relationship with Signature FCU. I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB), Marijuana-Related Business (MRB), nor Bit-Coin/Crypto Currency-Related Business. I (We) further understand that Signature FCU reserves the right to deny or restrict any high-risk deposit entities conducting internet gambling, MRB, Crypto Currency-related transactions, or MSB transactions, and Signature FCU may block or otherwise prevent such transactions and may close the business account and end the financial relationship if such transactions are detected. I (We) also understand that if I (we) should decide to expand our business entity to include any of these prohibited transactions, I (we) will notify Signature FCU in advance of such change. Membership at Signature FCU comes with certain ongoing responsibilities. By signing this document, I (we) agree to abide by disclosed terms and conditions of all business accounts and services that I (we) may receive at Signature FCU. These terms and conditions will be disclosed in accordance with applicable state and federal

laws. I (We) agree to accept communications from Signature FCU, including account statements, at the mailing address I (we) have provided in the "Business Information" section of this application, unless I (we) instruct Signature FCU otherwise in writing. I (We) also agree to notify Signature FCU of any change to this address. To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify, and record information that identifies all new Credit Union Members. The Credit Union must also verify non-members added as signatories on all accounts. In addition to verifying identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union 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. Signature FCU 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 the Business Account Application.

By signing below, I (we) agree that I (we) have received all disclosures contained in this Business Account Application. I (We) also certify that I (we) do not participate in any Internet Gambling Services, MRB and Crypto Currency-related transactions, or MSB transactions.

Owner 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 3 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 4 Signature ▶	Printed Name	Date (MM/DD/YY)

Authorized Signer 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 3 Signature ▶	Printed Name	Date (MM/DD/YY)

Corporation or Limited Liability Company Information Please complete company name, date, and sign below.

Company Name

Account Agreement

By completing this application, I am requesting that Signature Federal Credit Union (the "Credit Union") open the account as indicated. I authorized the Credit Union to verify the information on this application with third parties and hold harmless those organizations from which information is obtained. I authorize the Credit Union to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer. I agree that the Credit Union may rely on the signature authority indication on this application until notified otherwise in writing. All accounts opened will be subject to Federal law and Credit Union bylaws, policies, and rules. By signing below, I hereby authorize the Credit Union to pull a consumer credit report for the purpose of membership and possible obtaining of credit. By signing this application, I acknowledge receipt of and agree to the terms, conditions, rates, and charges established by the Credit Union, New Membership Account Disclosure, and Share Account Disclosure as amended from time to time. I certify that the accounts opened will not be used for personal, family, or household purposes. I authorize the Credit Union to verify the information provided and understand the opening of this account is provisional, and subject to a satisfactory report from NCPS/EFunds/Chex Systems.

Print Name Title Signature Date

TIN/EIN Certification & Backup Withholding

Under penalty 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 and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a US Citizen or other US Person (defined in IRS form W9 General Instructions)

Business Taxpayer ID (TIN/EIN)

If this business is subject to backup withholding, check here:

Print Name Title Signature Date