APPLICATION

Business Account Application

(Instructions and General Information)

Signature FEDERAL CREDIT UNION

Everywhere You Are

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:

» Non-Bank Financial Institutions
» Internet Gambling Businesses
» Cash Intensive Businesses
» Non-Resident Alien or Foreign Individual
» Money Services Businesses (MSBs)
» Marijuana-Related Business (MRBs)
» Third-Party Payment Processors
» ATM Owners or Operators
» Currency Courier Service Providers
» Foreign Business or Financial Institutions
» Bit-Coin/Crypto Currency-Related Businesses

Business Account Application
Page 2

APPLICATION

Signature FEDERAL CREDIT UNION
Everywhere You Are

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)*

☐ Sole Proprietorship
- ☐ IRS EIN Letter (if applicable) AND
- ☐ Valid Business License Business Permit

If Doing Business As (DBA)
- ☐ Fictitious Name Certificate (OR Certificate of Assumed Name)

☐ Partnerships*
- ☐ Partnership Agreement (OR Limited Partnership Agreement)
- ☐ IRS EIN Letter

If Doing Business As (DBA)
- ☐ Fictitious Name Certificate (OR Certificate of Assumed Name)

☐ Corporation
- ☐ Articles of Incorporation
- ☐ Certificate of Good Standing
- ☐ IRS EIN Letter
- ☐ Bylaws

If Doing Business As (DBA)
- ☐ Fictitious Name Certificate (OR Certificate of Assumed Name)

☐ Single Member - Limited Liability Company (LLC)
- ☐ Articles of Organization
- ☐ Certificate of Good Standing
- ☐ IRS EIN Letter
- ☐ Bylaws

If Doing Business As (DBA)
- ☐ Fictitious Name Certificate (OR Certificate of Assumed Name)

☐ Multi Member - Liability Company (LLC)
- ☐ Articles of Organization
- ☐ Certificate of Good Standing
- ☐ IRS EIN Letter
- ☐ Bylaws

If Doing Business As (DBA)
- ☐ 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)*.

- ☐ Finance & Insurance
- ☐ Parking Garage
- ☐ Legal Service Provider
- ☐ Real Estate
- ☐ Food Services
- ☐ Restaurant
- ☐ Liquor Store
- ☐ Convenience Store
- ☐ Vending Machine Operator
- ☐ Retail
- ☐ Consulting
- ☐ Construction
- ☐ Administrative Services
- ☐ Charity or Non-Governmental Organization (NGO)
- ☐ Transportation
- ☐ Cigarette Distributor
- ☐ Other _____

Describe the nature of your Business *(Actual goods sold or service(s) provided)*

Estimated annual sales/revenue ☐ Less than $50,000 ☐ $50,000 - $99,999 ☐ $100,000 - $499,999 ☐ $500,000 - $999,999 ☐ Greater than - $1,000,000

Anticipated monthly transaction amounts

☐ Cash $ _____ ☐ Checks $ _____ ☐ ACH Domestic $ _____

☐ Wire Domestic $ _____ ☐ Debit/Credit Cards$ _____

Business' primary trade area (Check all that apply.)

☐ Local Community ☐ Statewide ☐ Nationwide

Do you have accounts for this Business with an institution other than Signature FCU?

☐ Yes ☐ No If yes, where? _____

Purpose/type of transactions for which your Signature FCU account will be used:

☐ Operating/General Purpose ☐ Escrow Management ☐ Savings/Investment

Is the internet a major source of revenue for your Business? ☐ Yes ☐ No

How many employees do you have?

Business Products & Services

- ■ Business Savings Account*
- ☐ Business Checking
- ☐ Business High-Yield Checking
- ☐ Visa Signature Business
- ☐ LOAN _____
- ☐ Money Market Account
- ☐ Share Certificate

Business Account Application
Page 3

APPLICATION

Funding Requirements for New Business Memberships

Deposit Amount *($5 minimum)*	Deposit Source ☐ Check ☐ Debit or Credit Card ☐ 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. State	(___% 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. State	(___% of ownership)

Address	City	State	ZIP Code

Primary Phone Number	Email Address

Employer	Profession/Title

Beneficial Owner 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	(___% of ownership)

Address	City	State	ZIP Code

Primary Phone Number	Email Address

Employer	Profession/Title

Business Account Application
Page 4

APPLICATION

Beneficial Owner Four

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	(___% 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): _____

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.**

Business Account Application
Page 5

APPLICATION

NON-GOVERNMENTAL ORGANIZATIONS OR CHARITIES	BULK SHIPMENTS OF CURRENCY
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	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	**PRIVATELY-OWNED ATM**
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.**	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.**

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 ☐ Yes ☐ 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 ☐ Yes ☐ No

Address	City	State	ZIP Code

Primary Phone Number	Email Address

Employer	Profession/Title

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

Business Account Application

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)

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