



## Business Account Application and Beneficial Owners Certification

**IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW ACCOUNT:** To help the government fight financial crime, the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account and 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 (i.e., the beneficial owners) helps law enforcement. What this means for you: when you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Who has to complete this form? This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide? This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) 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
- (ii) 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 Credit Union may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

I. General Business Information					
Type of Business	<input type="checkbox"/> Limited Liability Company or Corp	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship (DBA)	<input type="checkbox"/> Clubs/Informal Organizations
Legal Business Name					
DBA Name or Trade Name (if applicable)					
Tax Identification Number					
Primary Business Address	Street	City	ST	Zip	
Street Address (If primary is a PO Box.)	Street	City	ST	Zip	
Phone Number(s)	Business		Mobile		
Membership Eligibility (County or Partner Group)				Relation, if relative to:	

*\*Per the Patriot act, if you list a P.O. Box for your primary address, you must also provide a street address*

### II. Here are some additional Business inquiries

1. Explain the nature of your Business and how you plan to utilize your LGE account:

2. Check if your business falls into one of these categories.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Check Cashing                   | <input type="checkbox"/> Travel Agencies                        | <input type="checkbox"/> Accountants              | <input type="checkbox"/> Money Service Business         |
| <input type="checkbox"/> Gas Station                     | <input type="checkbox"/> Brokers                                | <input type="checkbox"/> Investment Brokers       | <input type="checkbox"/> Pawn Brokers                   |
| <input type="checkbox"/> Leather Goods                   | <input type="checkbox"/> Auctioneers                            | <input type="checkbox"/> Oriental Stores          | <input type="checkbox"/> Cash Intensive Business        |
| <input type="checkbox"/> Used Car Dealership             | <input type="checkbox"/> Lawyers                                | <input type="checkbox"/> Liquor Store             | <input type="checkbox"/> Import/Export Co               |
| <input type="checkbox"/> Jewelry & Precious Metal Dealer | <input type="checkbox"/> Adult Oriented Bookstores and Entities | <input type="checkbox"/> Ship/Bus/Plane Operators | <input type="checkbox"/> Professional Service Providers |
| <input type="checkbox"/> Marijuana-related               |   |   |   |

3. Describe your US market area and customer base. Check all that apply:

- Local County/State Residents                       Multi-State Residents                       US Citizens

4. What will be the primary source of deposits to the entity's account(s):

5. Number of employees:

6. Will you be depositing joint payable checks?     Yes     No

7. Check all that apply:

- Is this business involved or will it be involved in internet gambling or allow any bets and wager by any means?
- Does your business sell, cash or exchange checks, traveler's checks, or stored value products?  
(Example: Gift Cards. AmexCo Cash Cards, etc.) In a total amount of more than \$1,000 on any day?
- Does your business convey funds electronically as a service of on behalf of others?
- Do you mine, manage, or sell Virtual Currency (e.g. BitCoin)?
- Do you or will you have an ATM or other Device on your property or associated with your business that will dispense cash, accept deposits, or allow any monetary transactions?
- If you did not check any of the items above, you will immediately notify us if you at any time make a change to your business that would require a checked response to any of the above?**

If the answer is yes to any item below, also check dollar amount and transaction range per month.					
<b>Cash deposits?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Cash withdrawals?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Under 10,000	<input type="checkbox"/> Less than 5 transactions		<input type="checkbox"/> Under 10,000	<input type="checkbox"/> Less than 5 transactions	
<input type="checkbox"/> \$10,000 to \$25,000	<input type="checkbox"/> 5-10 transactions		<input type="checkbox"/> \$10,000 to \$25,000	<input type="checkbox"/> 5-10 transactions	
<input type="checkbox"/> More than \$25,000	<input type="checkbox"/> Over 10 transactions		<input type="checkbox"/> More than \$25,000	<input type="checkbox"/> Over 10 transactions	
<b>Deposits of money orders or traveler's checks?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Purchase of cashier's checks or money orders?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Under 10,000	<input type="checkbox"/> Less than 5 transactions		<input type="checkbox"/> Under 10,000	<input type="checkbox"/> Less than 5 transactions	
<input type="checkbox"/> \$10,000 to \$25,000	<input type="checkbox"/> 5-10 transactions		<input type="checkbox"/> \$10,000 to \$25,000	<input type="checkbox"/> 5-10 transactions	
<input type="checkbox"/> More than \$25,000	<input type="checkbox"/> Over 10 transactions		<input type="checkbox"/> More than \$25,000	<input type="checkbox"/> Over 10 transactions	
<b>Receive wires or other electronic (ACH) transfers?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Send wires or other electronic (ACH) transfers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Under 10,000	<input type="checkbox"/> Less than 5 transactions		<input type="checkbox"/> Under 10,000	<input type="checkbox"/> Less than 5	
<input type="checkbox"/> \$10,000 to \$25,000	<input type="checkbox"/> 5-10 transactions		<input type="checkbox"/> \$10,000 to \$25,000	<input type="checkbox"/> 5-10 transactions	
<input type="checkbox"/> More than \$25,000	<input type="checkbox"/> Over 10 transactions		<input type="checkbox"/> More than \$25,000	<input type="checkbox"/> Over 10 transactions	
Will you send wires or other Electronic Transfers (e.g.) ACH outside of the United States?					
Country	Check box		Times per month	Estimated amount per Transfer	Purpose
	Send	Receive			

**III. Business Officers/Authorized Signers/Beneficial Owners: List in Order of Authority. Check all that apply.**

<b>Check all that apply:</b>	<input type="checkbox"/> <b>Business Owner/Officer</b>	<input type="checkbox"/> <b>Authorized signer</b>	<input type="checkbox"/> <b>Beneficial Owner</b>	<b>Percentage of Ownership:</b> %
Official Title				
First		Middle		Last
Street Address		City		ST                      Zip
Home Phone	Office		Mobile	Email
SSN	DOB		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer

Occupation		Membership Eligibility		Related to (if applicable)					
Identification Type		ID State/Description		ID Number		Expiration Date			
<b>Check all that apply:</b>	<input type="checkbox"/> <b>Business Owner/Officer</b>		<input type="checkbox"/> <b>Authorized signer</b>		<input type="checkbox"/> <b>Beneficial Owner</b>		<b>Percentage of Ownership: %</b>		
Official Title									
First			Middle			Last			
Street Address			City			ST		Zip	
Home Phone		Office		Mobile			Email		
SSN		DOB		US Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer	
Occupation		Membership Eligibility		Related to (if applicable)					
Identification Type		ID State/Description		ID Number			Expiration Date		
<b>Check all that apply:</b>	<input type="checkbox"/> <b>Business Owner/Officer</b>		<input type="checkbox"/> <b>Authorized signer</b>		<input type="checkbox"/> <b>Beneficial Owner</b>		<b>Percentage of Ownership: %</b>		
Official Title									
First			Middle			Last			
Street Address			City			ST		Zip	
Home Phone		Office		Mobile			Email		
SSN		DOB		US Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer	
Occupation		Membership Eligibility		Related to (if applicable)					
Identification Type		ID State/Description		ID Number			Expiration Date		
<b>Check all that apply:</b>	<input type="checkbox"/> <b>Business Owner/Officer</b>		<input type="checkbox"/> <b>Authorized signer</b>		<input type="checkbox"/> <b>Beneficial Owner</b>		<b>Percentage of Ownership: %</b>		
Official Title									
First			Middle			Last			
Street Address			City			ST		Zip	
Home Phone		Office		Mobile			Email		
SSN		DOB		US Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer	
Occupation		Membership Eligibility		Related to (if applicable)					
Identification Type		ID State/Description		ID Number			Expiration Date		
<b>Check all that apply:</b>	<input type="checkbox"/> <b>Business Owner/Officer</b>		<input type="checkbox"/> <b>Authorized signer</b>		<input type="checkbox"/> <b>Beneficial Owner</b>		<b>Percentage of Ownership: %</b>		
Official Title									
First			Middle			Last			
Street Address			City			ST		Zip	
Home Phone		Office		Mobile			Email		
SSN		DOB		US Citizen		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer	
Occupation		Membership Eligibility		Related to (if applicable)					
Identification Type		ID State/Description		ID Number			Expiration Date		

**\*To add additional authorized signers please complete "Application for Additional Signer(s)".**

**\*Membership with LGE Community Credit Union requires that all members have a savings account and maintain a minimum balance of \$5**

**AUTHORIZED SIGNER/ ACCOUNT HOLDER INFORMATION – PLEASE READ**

I/we hereby make application for membership in and agree to conform to the Bylaws, as amended, of LGE Community Credit Union (the "credit union"). I/we further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened. I/we also agree to be bound to the terms and conditions of any account that I/we have in the Credit Union now or in the future. These include but are not limited to the Business Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

ACCOUNT CHANGE OR TERMINATION: I/we understand and agree that the Credit Union is required to assess our account(s) and account activity pursuant to a number of federal laws and regulations ("laws"); and that such assessments are ongoing. I/we agree to cooperate with such assessments as required by the Credit Union. Further, I/we understand that the Credit Union may not be able to facilitate accounts or services based on such laws or the Credit Union's internal risk profile, assessment, and policies. If at any time the Credit Union determines it is no longer able to offer accounts or services it may terminate such and close all accounts or services it determines it is no longer able to provide; or I/we will make such changes that the Credit Union requires to enable it to do so. The Credit Union's rights under this provision may require immediate actions including termination of services.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Exempt Payee Code ( ) enter code here form W-9 Instructions, 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 (3) I am a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

COMMUNICATIONS CONSENT: If a cell number or text contact (together "contact") is provided, or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling, texting, or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.

By my/our signature(s) below or my/our e-signature, I/We authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

All present and future deposits to the account(s) designated on this application secure payment of any account owner's obligations to the Credit Union. This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the Business, or Account Title listed on this application.

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

V. Authorized Signers (Print Name):	Date:	Signatures:	Title:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. CU Representative (Print Name)	Date	Signature:	Teller #:
_____	_____	_____	_____

**Additional products or services that may be of interest:**

- Savings (Required for membership)
  - Additional Savings 01
  - Additional Savings 02
  - Business Checking
  - Overdraft Protection from Savings
  - Order Checks
  - Merchant Services
  - Merchant Deposit Capture
  - Visa® Debit Card
  - Primary – If Sole Proprietorship
  - 1st Authorized Signer
  - 2nd Authorized Signer
  - 3rd Authorized Signer
- Free with your LGE Membership:
- Online Banking
  - Mobile Snap Deposit
  - eStatements
  - Memberline
- In addition to the free online services, with a Business Checking you also receive free Bill Pay