



BUSINESS MEMBERSHIP APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight 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. What this means for you: When you open an account we will ask 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. All applications are subject to eligibility and Credit Union approval.

How did you learn about BHCUCU for Business? _____

Business Name _____ TIN # _____

Address _____ City _____ State _____ Zip _____

Phone _____ (Cell) _____ (A) _____

Primary Member (Print Name) _____

Social Security # _____ Account # _____

Phone # _____ E-mail address _____

Additional Member (Print Name) _____

Social Security # _____ Account # _____

Phone # _____ E-mail address _____

Additional Member (Print Name) _____

Social Security # _____ Account # _____

Phone # _____ E-mail address _____

In addition to my Primary Business Share (Savings) account

- I/we authorize BHCUCU to establish a Classic Business Checking account. Please order basic checks.
- I/we authorize BHCUCU to establish a Premier Business Checking account. Please order basic checks.
- I/we authorize BHCUCU to establish a VISA Check Card and agree to the terms and conditions in the Disclosure using the PIN selected below. Personal Identification Number (PIN) is _____. Please memorize your PIN as the Credit Union will not retain this number.
- I/we authorize BHCUCU to establish Online Banking and Audio Response Access.
- I/we authorize BHCUCU to establish E-Statements.
- I/we authorize BHCUCU to establish an Overdraft Privilege Service and agree to the terms and conditions in the Disclosure.

Taxpayer Certification

Under penalty of perjury, I certify (1) that the number shown on this card is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. The IRS does not require the taxpayer to agree to the contractual provisions included on this form and (3) I am a U.S. person (including a U.S. Resident Alien).

I hereby make application for membership in BHCUCU and agree to conform to its bylaws and amendments thereof. I have received disclosure for any Credit Union accounts I now have and agree to the terms and conditions set forth for those and any future accounts. I also agree the Credit Union may change these terms and conditions from time to time. This account may not be pledged, transferred, or assigned to any party other than the Credit Union.

Federally Insured by NCUA

Primary Member Signature Date

Additional Member Signature Date

Additional Member Signature Date

Additional Member Signature Date



Member Business Account Questionnaire

1. What business products/services are you interested in?

2. What business products/services do you use elsewhere?

3. Nature of your business: _____

4. Business Annual Income:

<input type="checkbox"/> \$0 - \$250,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> \$1,000,001 +
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5. What average balance will you typically keep in the account? _____

6. Will funds be direct deposited to your account? Yes No

7. Will there be other ACH activity on the account exceeding \$2,000 per month? Yes No

If Yes,

- a. How many _____ and
- b. How much _____ will ACH activity total?

8. Will you be sending or receiving more than \$2,000 per month using wire transfers? Yes No

If Yes,

- a. How many _____ and
- b. How much _____ will wires be per month?
- c. How many _____ and how much _____ of the wires will be International?

i. Is there a particular country or countries you will primarily be sending/receiving wires to/from? _____

9. Do you plan to have cash deposits or withdrawals exceeding \$2,000 per month? Yes No

If Yes,

- a. How many _____ and
- b. How much _____ will cash transactions total per month?

10. Will there be purchases of monetary instruments such as money orders exceeding \$2,000 per month? Yes No

If Yes,

- a. How many _____ will be purchased and
- b. How much _____ will they total each month?

11. Is your business involved in any for of internet betting or gambling? Yes No

12. Is your business considered a Money Service Business (MSB*)? Yes No

*An MSB is a business which does one or more of the following: 1) Currency exchanger, 2) Currency Dealer, 3) Check Casher, 4) Money Transmitter, 5) Issuer/Seller/Redeemer of Money Orders, Stored Value Cards or Traveler's Checks

13. Is your business involved in any form of marijuana sales? Yes No

Primary Member Signature	Additional Member Signature	Additional Member Signature

RESOLUTION OF AUTHORITY

I/We, _____, certify that I/we am/are

- Secretary
- General/Managing Partner(s)
- Owner/Member
- Authorized Officer

of _____ (the "business"), a

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Company
- Association / Club
- Nonprofit Organization
- Other

doing business in _____ and I further certify that the following is a correct copy of a resolution that this business, having full power and lawful authority to do so, has duly adopted and has not rescinded or modified.

Be it resolved that:

- 1) BHCU. (the "Credit Union") is designated as a depository for the funds of this business.
- 2) This resolution shall continue in full force and effect until express written notice of its rescission or modification has been received and recorded by the Credit Union and the Credit Union shall be indemnified and held harmless from any loss suffered or liability incurred, including reasonable attorney's fees, in continuing to act in pursuance of this resolution. Any such notice shall not affect any items in process at the time the notice is given
- 3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this business with the Credit Union prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- 4) Any of the persons named below, so long as they act in a representative capacity as agents of this business are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable, from time to time with the Credit Union, concerning funds deposited with the Credit Union, subject to any restrictions stated below.
- 5) The Credit Union is directed to accept and pay without further inquiry any item bearing the appropriate number of signatures as indicated drawn against any of the business accounts.
- 6) Any and all resolutions duly adopted by this business and certified to the Credit Union as governing the operation of this business' account(s) are in full force and effect, unless revoked, modified or supplemented by this authorization.
- 7) This business agrees to the terms and conditions of any authorized representative(s) of this business, and authorizes the Credit Union, at any time, to charge this business for all checks, drafts and orders for the payment of money that are drawn on the Credit Union, regardless of by whom or by what means the facsimile signature(s), if any, may have been affixed so long as they resemble the facsimile signatures appearing below (or filed with the Credit Union from time to time) and contain the required number of signatures for this purpose.
- 8) If this business is a partnership or sole proprietorship, if the ownership of the business is changed or restructured in any way, this business shall promptly notify the Credit Union. In the event the ownership is changed in any way without notification to the Credit Union of that fact, this business shall remain fully liable in accordance with the terms of this authorization and any account agreements.
- 9) The person(s) listed below comprise(s) the exclusive list of authorized person(s) for this account
- 10) Any person listed below (subject to any restrictions indicated) is authorized to:
 - a) Open any deposit or share account(s) in the name of this business.
 - b) Endorse checks, share drafts and orders for the payment of money and withdraw funds on deposit with the Credit Union. The number of authorized signatures required for this purpose is _____.
 - c) Make other agreements, stipulations and orders which they may deem advisable, from time to time, with the Credit Union concerning funds deposited or withdrawn or any other business concerning this account transacted by and between this business and the Credit Union including for example request payroll deposit/direct deposit, overdraft protection, an ATM card, Debit card, subject to any restrictions contained herein.

Name and Title

Signature

_____	_____
_____	_____
_____	_____
_____	_____

In Witness Whereof, the undersigned having full power and authority to execute this Resolution of Authority on behalf of the Business has signed this Resolution of Authority on the _____ Day of _____, _____.

Attest by one other Officer or Partner Signature



CERTIFICATION OF BENEFICIAL OWNER(S)

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

a. *Name and Title of Natural Person Opening Account:*

b. *Name, Type, and Address of Legal Entity for Which the Account is Being Opened:*

c. *The following information for each individual, if any, 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:
(If no individual meets this definition, please write "Not Applicable.")*

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	*For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

d. *The following information for one individual with significant responsibility for managing the legal entity listed above, such as: 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.*

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	*For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

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

Signature: _____ Date: _____

Legal Entity Identifier: _____ (optional)

*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.

APPENDIX A to§ 1010.230-- CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

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 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 investigate and prosecute these crimes.

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, 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?

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 Non-U.S. 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 number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), 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 (i), you must provide the identifying information of one individual under section (ii). 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 (ii)), and up to five individuals (*i.e.*, one individual under section (ii) and four 25 percent equity holders under section (i)). **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.**