

BUSINESS LOAN APPLICATION CHECKLIST

Help us process your loan application faster by providing a few things up front:

- Print a BECU Business Loan Application online at becu.org/getstarted, complete with information indicated below and return to any BECU location.

If you're not already a BECU Business member, please:

- Refer to the Business Membership and Account Opening Checklist.
- Complete and return the Business Membership Application.

Both forms are available online at becu.org/forms or at any BECU location.

For a vehicle or equipment loan, we will need:

- Collateral description (include signed purchase order and/or bill of sale)
- Title documents
- Insurance certificate
- Collateral valuation (upon request)
- Odometer statement (if applicable)

For commitments of \$50,000 or more:

- Please contact a BECU Business Specialist by visiting us at becu.org/forms/business-services-contact-us or by calling us at 800-704-8080.

Our underwriters may request more information. Please be prepared to provide the following documents if needed:

- Most recent tax return (business and personal)
- Personal financial summary
- Current balance sheet
- Current profit and loss
- Current debt schedule
- Entity documents

Thank you for applying for business credit at BECU. A Business Services representative may contact you to review your borrowing needs after we've reviewed your submitted application.

We may request additional information to complete the credit review process.

If you have any questions, please contact a BECU Business Services representative at 800-704-8080.

BUSINESS LOAN APPLICATION



Welcome to Boeing Employees' Credit Union (BECU). All information is required unless otherwise noted. Please complete application, sign it in ink, and bring to a BECU location to apply. If you have any questions, contact 800-233-2328, ext. 5140.

1. Product

TYPE OF REQUEST (check all that apply) <input type="checkbox"/> Term Loan <input type="checkbox"/> Business Vehicle <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Line of Credit		
AMOUNT \$	COLLATERAL	PURPOSE

2. Business Information

BUSINESS / TRADE NAME (and DBA, if applicable)			
DATE BUSINESS ESTABLISHED (MM/DD/YYYY)		DATE CURRENT OWNERSHIP ESTABLISHED (MM/DD/YYYY)	
FEDERAL TAX IDENTIFICATION NUMBER (EIN OR SSN)		STATE UNIFIED BUSINESS IDENTIFIER (UBI) NUMBER	
BUSINESS STRUCTURE <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
BUSINESS TYPE / INDUSTRY	NAICS CODE *	ANNUAL SALES \$	ANNUAL NET INCOME \$
DESCRIBE YOUR BUSINESS:			
BUSINESS LOCATION / STREET ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS (if different from above)		CITY	STATE ZIP CODE
BUSINESS PHONE	BUSINESS FAX (optional)	EMAIL ADDRESS (optional)	

By providing your email address, you agree that BECU may send marketing information regarding products and services to you electronically.
 *North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments. It appears on your Federal Tax return or Schedule C.

3. Business Owner / Guarantor

Please list all owners with ownership of 25% or greater. All owners listed must sign application as Guarantors. Outside Income is income that the Business Owner/Guarantor would like considered as a basis for repaying this obligation and is derived from a source outside of the business itself. Outside income from alimony, child support, or separate maintenance payments need not be revealed if you do not wish BECU to consider it as a basis for repaying this obligation.

BUSINESS OWNER/GUARANTOR NAME (1)		Title	BUSINESS OWNER/GUARANTOR NAME (2)		Title
SOCIAL SECURITY NUMBER (SSN)			SOCIAL SECURITY NUMBER (SSN)		
DATE OF BIRTH	OWNERSHIP %	OUTSIDE INCOME (See Note below) \$	DATE OF BIRTH	OWNERSHIP %	OUTSIDE INCOME (See Note below) \$
PERSONAL ADDRESS			PERSONAL ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
BUSINESS OWNER/GUARANTOR NAME (3)		Title	BUSINESS OWNER/GUARANTOR NAME (4)		Title
SOCIAL SECURITY NUMBER (SSN)			SOCIAL SECURITY NUMBER (SSN)		
DATE OF BIRTH	OWNERSHIP %	OUTSIDE INCOME (See Note below) \$	DATE OF BIRTH	OWNERSHIP %	OUTSIDE INCOME (See Note below) \$
PERSONAL ADDRESS			PERSONAL ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Auto Payment From BECU Account (if desired, select option and account)

AUTO PAY OPTIONS (SELECT ONE) <input type="checkbox"/> Minimum payment due – checking <input type="checkbox"/> Minimum payment due – savings <input type="checkbox"/> Last statement balance due – checking <input type="checkbox"/> Last statement balance due – savings	BECU ACCOUNT NUMBER
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4. Agreements and Signatures

By signing below you (Guarantor):
 You certify that the information contained herein is complete and accurate. You further authorize BECU to obtain a consumer credit report and a business credit report for use in assessing your personal creditworthiness in connection with this application by the Business and you agree that, as long as the credit account is open, we may obtain credit reports about you from time to time. You certify that the execution, delivery and performance of this Application has been authorized by all necessary corporate action by the Business. You agree that credit accounts will be used primarily for business purposes, and not personal, family, or household purposes.

NAME / TITLE (1)	SIGNATURE	DATE
NAME / TITLE (2)	SIGNATURE	DATE
NAME / TITLE (3)	SIGNATURE	DATE
NAME / TITLE (4)	SIGNATURE	DATE

BECU Use Only	LOCATION	REP	DATE
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Oral Agreements or Oral Commitments to loan money, extend credit, or to forebear from enforcing repayment of a debt are not enforceable under Washington law.

If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact Business Services, P.O. Box 97050 Seattle, WA 98124 or 206-812-5140 within 60 days from the date you are notified for our decision. We will send you a written statement of reasons for the denial within 30 days of your request for this statement.

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS



Please complete and return this form with the other required documents. Questions? Please contact us at **800.233.2328**.

1. Legal Entity Information		
LEGAL ENTITY NAME	LEGAL ENTITY TYPE <input type="checkbox"/> Club <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	LEGAL ENTITY EIN / SSN
LEGAL ENTITY ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

2. 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** 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 is a Beneficial Owner?

Beneficial owners are each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the **Legal Entity** member (e.g., each natural person that owns 25 percent or more of the shares of a corporation).

Who is a Beneficial Owner with significant responsibility?

An individual with significant responsibility for managing the **Legal Entity** member (e.g., a chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer).

Who is required to complete and sign this form?

This form must be completed by the person opening a new account, establishing a loan, or maintaining an account by adding or removing an authorized signer or changing the business's name 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. If the account or loan has an automatic renewal feature, you agree that the account holder will notify BECU of any changes to the information provided on this form. If BECU receives no notification of any changes, BECU will treat the automatic renewal as certification that the information is current and accurate.

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 am I required 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 **Beneficial Owner(s)** and **Beneficial Owner** with significant responsibility.

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. also holds a 30 percent 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)).

What are the identification requirements?

- For U.S. persons, provide Social Security number (SSN) only.
- For non-U.S. persons, provide SSN, a passport number, and country of issuance. In lieu of a passport, non-U.S. persons may also provide an alien identification card number, or number, and country of issuance or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

BECU may also ask to see a copy of a driver's license or other identifying document for each **Beneficial Owner** listed on this form.

Section 3 is required.

3. Beneficial Owner with 25% or More Ownership		
<p>Provide 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 check the Beneficial Owner with 25% or more ownership not applicable check box below this section, and proceed to section 4. <i>Beneficial Owner with Significant Responsibility.</i></p>		
BENEFICIAL OWNER NAME (1)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
BENEFICIAL OWNER NAME (2)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
BENEFICIAL OWNER NAME (3)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
BENEFICIAL OWNER NAME (4)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
<input type="checkbox"/> Beneficial Owner with 25% or more ownership not applicable.		

Sections 4, 5, and 6 are required.

4. Beneficial Owner with Significant Responsibility

Please provide information for one individual with significant responsibility for managing the **Legal Entity** listed above, whether or not they are the legal owner, 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 applicable, an individual listed under section 3. *Beneficial Owner with 25% or more Ownership* may also be listed in this section, 4. *Beneficial Owner with Significant Responsibility*.

NAME		DATE OF BIRTH
TITLE		SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE

5. Information about the Individual Completing This Form

Persons opening a new account, establishing a loan, or maintaining an account by adding or removing an authorized signer or changing the business's name on behalf of a **Legal Entity** must complete this section.

NAME	TITLE	SSN
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE

6. Certification and Agreement by the Individual Who Completed Section 5 (above)

By signing below, I hereby certify, to the best of my knowledge, that the information provided on this form is complete and correct.

NAME	SIGNATURE	DATE
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BECU Use Only	<input type="checkbox"/> ID Verified	Org Number: _____
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