

BUSINESS MEMBERSHIP & ACCOUNT OPENING CHECKLIST

Welcome to BECU. Opening an account is easy. Here's what you'll need to get started:

FOR ALL NEW BUSINESS MEMBERSHIPS

- BECU Business Membership Application**
(available online or at any BECU location)
- Business Taxpayer Identification Number**
(EIN or TIN -- issued by the IRS, or SSN)
- Unified Business Identifier (UBI) number**
(Refer to your business license)
- NAICS code**
(Locate your NAICS code on the [census.gov/naics](https://www.census.gov/naics) website, your Federal Tax return, or your Schedule C.)

BASED ON YOUR BUSINESS TYPE

Sole Proprietorship

Business Owners and Authorized Signers provide the following:

- Personal identification**
(current driver's license or state-issued identification card)

Partnership, LLC, or Corporation

Individual opening the membership, Business Owners with 25% or more ownership, and each Authorized Signer provide the following:

- Personal identification**
(current driver's license or state-issued identification card)

Business Taxpayer Identification Number

On behalf of the Business, provide:

- Completed and signed BECU Certification Regarding Beneficial Owners of Legal Entity Members form**
(available online or at any BECU location)

INDIVIDUALS WHO MUST SIGN THE APPLICATION

Sole Proprietorship or LLC opened with an SSN

- Business Owner

LLC with EIN, General Partnership, Limited Partnership, or Corporation (including non-profit)

- All Owners with 25% or more ownership OR
- One Governing Person (as listed on the Washington Secretary of State website) for instances in which no one owns 25% or more

BUSINESSES IN WASHINGTON STATE

When processing your membership, BECU verifies the Business and Business Owners using one of two Washington state websites:

- Sole Proprietorship or General Partnership: Department of Revenue My DOR website
 - Status is open and active
 - Verify Business name and address
 - Sole Proprietor on the application is listed as one of the **Governing** people
- Corporation, LLC, or Limited Partnership: Secretary of State website
 - Status is open and active
 - Verify Business name and address
 - At least one of the individuals requesting to open a membership is listed as **Governor**

For more information, call **800-704-8080** or visit any BECU location.

Account opening and documentation requirements for your business may be different than stated above and may change based on the legal structure of your business. All accounts are subject to approval.

BUSINESS MEMBERSHIP & DEPOSIT ACCOUNT ROLES - SOLE PROPRIETORS

When you apply for a business membership and open checking, savings, money market, and/or CD accounts with BECU, you specify what individuals in your organization are authorized to do (their role) within the accounts. Unless you designate an individual as an Account-Only Authorized Signer, the authority you specify for an individual will apply to all deposit accounts.

Summary of Roles (see Business Account Agreements for more information):

1. Authorized Signer:

Best if: You want the individual to have authority to act on behalf of the business and to transact on **all of your business accounts**. The individual will have the authority to:

- » Change business address and phone number
- » Add or remove Agents or Non-Authorized Agents
- » Open or close deposit accounts or services
- » View or access information on all business accounts through ATMs, telephone, in person, or Online Banking, including viewing eStatements
- » Perform transactions on all business accounts, including withdrawals, transfers, bill pay, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

2. Agent

Best if: You want the individual to be able to view information about all of your business accounts and have limited transaction authority on all the accounts. The individual **will not** have the authority to act on behalf of the business. The individual will have the authority to:

- » Access information on all of your business accounts in person or by calling the BECU (Note: An Agent cannot use Online Banking)
- » Perform transfers between all accounts within the same business

3. Non-Authorized Agent

Best if: You want the individual to be able to view information about all of your business accounts. The individual will not have the authority to act or transact on behalf of the business and the accounts. The individual will have the authority to:

- » Access information on all of your business accounts in person or by calling BECU (Note: A Non-Authorized Agent cannot use Online Banking)

4. Account-Only Authorized Signer:

Best if: You want the individual to have authority to transact on a specific account only. The individual will have the authority to:

- » View or access information about the specific business account through ATMs, telephone or in person
- » Perform transactions on that specific account, including withdrawals, transfers, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

NOTE: Account-Only Authorized Signers cannot use Online Banking to view information about the account or perform transactions.

5. Only Owners or the Control Person can:

- » Change the business name
- » Add or remove Authorized Signers

BUSINESS MEMBERSHIP APPLICATION - SOLE PROPRIETORS



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

1. Business Information and Ownership		
BUSINESS NAME OR TRADE NAME (DBA)		SOLE PROPRIETOR NAME (Tax ID owner)
FEDERAL TAX ID NUMBER	<input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN	STATE UNIFIED BUSINESS IDENTIFIER (UBI) NUMBER
BUSINESS LOCATION / STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different from above)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
BUSINESS PHONE	EMAIL ADDRESS (optional)*	
*By providing your email address, you agree that BECU may electronically send you marketing information about our products and services.		

2. Government Required Information			
Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each business that opens a membership.			
<input type="checkbox"/> I acknowledge my business does not operate in any of the following restricted industries: money transfer services, issuer or exchanger of virtual currency, operating internet gambling sites, or marijuana-related business activities (medical, producer/processor, retail, transportation, or infused products). Initials: _____			
Does the business derive income from a marijuana related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the percent of income from the marijuana industry?	Are you the owner or co-owner of any licensed marijuana related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a hemp related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your business derive income from businesses operating in the hemp industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percent of income from the hemp industry?	
Is this a cannabidiol related (CBD) business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your business derive income from businesses operating in the CBD industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percent of income from the CBD industry?	
Is your business a non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any individuals or entities outside of the U.S. that donate money/resources, volunteer, or provide charitable services? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the primary country involved?	
Do you offer loans to your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own, operate, or replenish an ATM? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many ATMs do you own, operate, or replenish?	
State of entity formation	Date business established	Country where business established	Number of employees
NAICS code*	Type of business / primary function	Do you have accounts for this business with an institution other than BECU? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Government Required Information (continued)

Anticipated Transaction Information

ESTIMATED ANNUAL SALES/REVENUE

Less than \$100,000 \$100,000 - \$499,000 \$500,000 - \$999,999 \$1,000,000 - \$3,000,000 Greater than \$3,000,000

Will your business send or receive domestic wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of domestic wires outgoing:	Monthly amount of domestic wires received:
	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A

Will your business send or receive international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of international wires outgoing:	Monthly amount of international wires received:
	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A

What is the primary country involved in your international wire transfers?

Will your business receive cash deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of cash deposits:
	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A

Will your business make cash withdrawals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of cash withdrawals:
	<input type="checkbox"/> \$0-\$19,000, <input type="checkbox"/> \$20,000+; <input type="checkbox"/> N/A

Will your business make check deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of check deposits:
	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A

Will your business make check payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of check payments/withdrawals:
	<input type="checkbox"/> \$.01-\$100,000 <input type="checkbox"/> \$100,001-\$250,000; <input type="checkbox"/> \$250,001-\$500,000; <input type="checkbox"/> \$500,001+; <input type="checkbox"/> N/A

What is the purpose or types of transactions for which your BECU account(s) will be used:

Operating / General purpose Savings / Investment

*North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments.

3. Certificate of Authority and Membership Agreements

By signing below:

- The business owner(s) certify that they are authorized to enter into this Agreement, apply for and maintain membership, sign up for additional products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action hereto taken by any business owner is hereby ratified and confirmed. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on behalf of the business.
- The business, business owner(s) and each authorized signer(s), (collectively "You"), acknowledge and agree; that the information You provided is accurate, complete, and true and that You have instructed BECU as to the proper title of the account and we may rely on the information in our dealings with You, now and in the future; that BECU may receive information about the business' and the business owner's credit history and performance from others, including credit reporting agencies; to the terms and conditions contained in this application.
- You have reviewed and will retain for Your records the BECU Business Account Disclosure and Business Account Agreements, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure, and You acknowledge their receipt and agree to their terms.
- The business authorizes persons identified in section 4 below as Additional Authorized Signers.

Taxpayer Identification Number Certification and Backup Withholding Information

By signing below, You certify in accordance with the Internal Revenue Service (IRS) W-9 instructions and under penalties of perjury that: 1. The number shown on this form is Your correct taxpayer identification number (or You are waiting for a number to be issued to You), and 2. You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the IRS that You are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified You that You are no longer subject to backup withholding, and 3. You are a U.S. person (including a U.S. resident alien).

Certification Instructions: Cross out item 2 above if You have been notified by the IRS that You are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return. Cross out item 3 and complete a W-8 BEN if You are not a U.S. person.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

IMPORTANT INFORMATION ABOUT YOUR PROCEDURES FOR OPENING A NEW ACCOUNT. Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to You: When You open an account we 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.

BUSINESS OWNER AND AUTHORIZED SIGNER (1)			SSN / TIN	
CONTACT NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED

3. Certificate of Authority and Membership Agreements (continued)

STREET ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
Your citizenship status in the United States? (does not affect qualification) <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident		If not a U.S. citizen, provide your Country of Citizenship:	
SIGNATURE		TITLE	DATE
BUSINESS OWNER AND AUTHORIZED SIGNER (2)		SSN / TIN	
CONTACT NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE STATE & COUNTRY ISSUED
STREET ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
Your citizenship status in the United States? (does not affect qualification) <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident		If not a U.S. citizen, provide your Country of Citizenship:	
SIGNATURE		TITLE	DATE

4. Additional Authorized Signers (optional)

Authorized Signers are able to perform transactions, open or close deposit accounts or services, and add or remove Agents or Non-Authorized Agents on **all business deposit accounts**. Authorized Signers can view and access information on **all business deposit and loan accounts**. See Business Account Agreements for responsibilities, restrictions, and limitations on Authorized Signers. Each new Authorized Signer must sign below.

AUTHORIZED SIGNER (1)		SSN / TIN	
CONTACT NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE STATE & COUNTRY ISSUED
STREET ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
Your citizenship status in the United States? (does not affect qualification) <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident		If not a U.S. citizen, provide your Country of Citizenship:	
SIGNATURE		TITLE	DATE
AUTHORIZED SIGNER (2)		SSN / TIN	
CONTACT NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE STATE & COUNTRY ISSUED
STREET ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
Your citizenship status in the United States? (does not affect qualification) <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonresident		If not a U.S. citizen, provide your Country of Citizenship:	
SIGNATURE		TITLE	DATE

5. Agents* and Non-Authorized Agents** (ID and address for authentication purposes)

*Agents have no authority to act on behalf of the business. Agents may access information on all business accounts in person or by calling BECU, and may perform transfers between all accounts within the same business.

**Non-Authorized Agents have no authority to act on behalf of the business and no transaction authority on the business accounts. Non-Authorized Agents may only access information on all your business accounts in person or by calling BECU.

NAME (1)		<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
NAME (2)		<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	

6. Deposit Products and Services

A Business Members Share Savings account is required to establish membership at BECU. Please refer to the BECU Business Account Disclosure for rates and fee schedule. Visit becu.org for additional information on our products and services.

ACCOUNT (1)

Business Member Share Savings (required)

ACCOUNT (2)

Business Basic Checking Business Interest Checking Business Money Market Account Business Savings

ACCOUNT (3)

Business Basic Checking Business Interest Checking Business Money Market Account Business Savings

ACCOUNT (4)

Business Basic Checking Business Interest Checking Business Money Market Account Business Savings

7. ATM / Debit Cards for Authorized Signers

Use this section to select deposit account card types for Authorized Signers. Note: Selecting cards for Authorized Signers is optional.

OWNER / AUTHORIZED SIGNER (1)

Debit Card ATM Card ATM Deposit-Only Card

AUTHORIZED SIGNER (1)

Debit Card ATM Card ATM Deposit-Only Card

OWNER / AUTHORIZED SIGNER (2)

Debit Card ATM Card ATM Deposit-Only Card

AUTHORIZED SIGNER (2)

Debit Card ATM Card ATM Deposit-Only Card

BECU Use Only	BASIS FOR ELIGIBILITY			
	NEW ACCOUNT NUMBERS			
	DATE	REP	Owners and authorized signers: <input type="checkbox"/> IDV verified <input type="checkbox"/> QualiFile®	<input type="checkbox"/> OFAC on business name

Reset