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** 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)
- ☐ Business Taxpayer Identification Number

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.

BUSINESS 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 - Corporations, LLCs, Partnerships

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** to have the authority to act on behalf of the business. The individual will have the authority to:

- View or access information on all of your business accounts through telephone, in person, or online banking (except for LLCs using an SSN)
- 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:

- View or access information on all of your business accounts through telephone, in person or online banking (except for LLCs using an SSN)

4. Account-Only Authorized Signer:

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

- View or access information about the specific business account through ATM, 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: An Account-Only Authorized Signer 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 Signer

BUSINESS MEMBERSHIP APPLICATION - CORPORATIONS, LLCs, PARTNERSHIPS

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.

Select your business type:

- ☐ General Partnership
- ☐ Limited Partnership / Limited Liability Partnership / Limited Liability Limited Partnership / Professional Limited Liability Partnership
- ☐ S. Corporation
- ☐ C. Corporation (Profit and Non-Profit)
- ☐ Limited Liability Company / Professional Limited Liability Company
- ☐ Other (please specify): _____

1. Business Information and Ownership

BUSINESS NAME (Federal tax reporting name)		DBA (if applicable)
FEDERAL TAX ID NUMBER ☐ EIN ☐ ITIN ☐ 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.

☐ 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? ☐ Yes ☐ No	What is the percent of income from the marijuana industry?	Are you the owner or co-owner of any licensed marijuana related business? ☐ Yes ☐ No
Is this a hemp related business? ☐ Yes ☐ No	Does your business derive income from businesses operating in the hemp industry? ☐ Yes ☐ No	If yes, what is the percent of income from the hemp industry?
Is this a cannabidiol (CBD) related business? ☐ Yes ☐ No	Does your business derive income from businesses operating in the CBD industry? ☐ Yes ☐ No	If yes, what is the percent of income from the CBD industry?
Is your business a non-profit? ☐ Yes ☐ No	Do any individuals or entities outside of the U.S. donate money/resources, volunteer, or provide charitable services? ☐ Yes ☐ No	What is the primary country involved?
Do you offer loans to your customers? ☐ Yes ☐ No	Do you own, operate, or replenish an ATM? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No	Monthly amount of domestic wires outgoing: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ N/A	Monthly amount of domestic wires received: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ N/A
Will your business send or receive international wire transfers? ☐ Yes ☐ No	Monthly amount of international wires outgoing: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ N/A	Monthly amount of international wires received: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ N/A

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

Will your business receive cash deposits? ☐ Yes ☐ No	Monthly amount of cash deposits: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ N/A
Will your business make cash withdrawals? ☐ Yes ☐ No	Monthly amount of cash withdrawals: ☐ $0-$19,999; ☐ $20,000+; ☐ N/A
Will your business make check deposits? ☐ Yes ☐ No	Monthly amount of check deposits: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ N/A
Will your business make check payments? ☐ Yes ☐ No	Monthly amount of check payments/withdrawals: ☐ $.01-$100,000 ☐ $100,001-$250,000; ☐ $250,001-$500,000; ☐ $500,001+; ☐ 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 (persons authorized to open this membership with BECU on behalf of the business)

By signing below, whether the business is a corporation, partnership, limited partnership, limited liability company, or other entity separate from its owner(s), you certify that the business, by Resolution or otherwise, duly adopted in accordance with its charter, bylaws, and applicable law, 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 you is hereby ratified and confirmed by the business. Unless or until BECU is given written notice otherwise, you shall have full power and authority to act on behalf of the business. It shall not be necessary for BECU to inquire further into your powers or powers of the business's officers, directors, partners, managers, members, or agents purporting to act on its behalf.

SIGNATURE	FULL LEGAL NAME
TITLE / POSITION	DATE

BECU Use Only	NFC verification (select one): ☐ Individual shown as governor on the Washington Secretary of State or My DOR website ☐ BECU Delegation of Banking Authority ☐ BECU Resolution of Banking Authority - Limited Partnerships and LLCs	Business Services Specialist verification (select one): ☐ BECU Resolution of Banking Authority - Corporations ☐ Resolution of Banking Authority (provided by the business) ☐ Partnership agreements

4. Membership Agreements (Continued on the next page.)

SECTION 4 REQUIRED SIGNATURES

☐ Corporation / LLC
- ☐ Single-owned: Owners' signature
- ☐ Multi-owned: All owner's with 25% or more ownership
- ☐ Multi-owned (where no one has 25% or more ownership): Person opening the business membership

☐ LLCs: Indicate federal tax status (check one below):
- ☐ Single-member LLC
- ☐ Partnership
- ☐ Corporation

☐ General Partnership / Limited Partnership
- ☐ Single-owned: Owners' signature
- ☐ Multi-owned: All owner's with 25% or more ownership

☐ Non-Profit: Person opening the business membership

By signing below, you, the business, Business Owner, 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 each Business Owner's credit history and performance from others, including credit reporting agencies; to the terms and conditions contained in this application; that 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 by signing below You acknowledge their receipt and agree to their terms and the business authorizes the persons identified in section 5 below as Authorized Signers.

4. Membership Agreements (continued)

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.

MEMBERSHIP AGREEMENT SIGNATURES (Continued on the next page.)

INDIVIDUAL (1)				SSN / TIN	
CONTACT NUMBER ☐ Home ☐ Mobile ☐ 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) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident		If not a U.S. citizen, provide your Country of Citizenship			Business ownership percentage:
SIGNATURE	TITLE		Authorized Signer? ☐ Yes ☐ No		DATE

INDIVIDUAL (2)				SSN / TIN	
CONTACT NUMBER ☐ Home ☐ Mobile ☐ 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) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident		If not a U.S. citizen, provide your Country of Citizenship			Business ownership percentage:
SIGNATURE	TITLE		Authorized Signer? ☐ Yes ☐ No		DATE

INDIVIDUAL (3)				SSN / TIN	
CONTACT NUMBER ☐ Home ☐ Mobile ☐ 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) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident		If not a U.S. citizen, provide your Country of Citizenship			Business ownership percentage:
SIGNATURE	TITLE		Authorized Signer? ☐ Yes ☐ No		DATE

MEMBERSHIP AGREEMENT SIGNATURES (Continued)

INDIVIDUAL (4)					SSN / TIN
CONTACT NUMBER	☐ Home ☐ Mobile ☐ 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) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident		If not a U.S. citizen, provide your Country of Citizenship			Business ownership percentage:
SIGNATURE	TITLE			Authorized Signer? ☐ Yes ☐ No	DATE

INDIVIDUAL (5)					SSN / TIN
CONTACT NUMBER	☐ Home ☐ Mobile ☐ 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) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident		If not a U.S. citizen, provide your Country of Citizenship			Business ownership percentage:
SIGNATURE	TITLE			Authorized Signer? ☐ Yes ☐ No	DATE

5. 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	☐ Home ☐ Mobile ☐ 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) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident		If not a U.S. citizen, provide your Country of Citizenship:			
SIGNATURE	TITLE				DATE

AUTHORIZED SIGNER (2)					SSN / TIN
CONTACT NUMBER	☐ Home ☐ Mobile ☐ Work		DATE OF BIRTH		MOTHER'S MAIDEN NAME
VALID PICTURE ID NUMBER	ID TYPE		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED

5. Additional Authorized Signers (continued)

STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Your citizenship status in the United States: (does not affect qualification) ☐ U.S Citizen ☐ Permanent Resident ☐ Nonresident	If not a U.S. citizen, provide your Country of Citizenship:

SIGNATURE	TITLE	DATE

6. 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, in Online Banking, 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, in Online Banking, or by calling BECU.

NAME (1) ☐ Agent ☐ 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) ☐ Agent ☐ 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	

7. 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 about 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

8. 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.

INDIVIDUAL (1) ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card	**INDIVIDUAL (2)** ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card
INDIVIDUAL (3) ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card	**INDIVIDUAL (4)** ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card
INDIVIDUAL (5) ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card	**AUTHORIZED SIGNER (1)** ☐ 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: ☐ IDV verified ☐ QualiFile®	☐ OFAC on business name ☐ ID verified

Certification Regarding Beneficial Owners of a Legal Entity

All form fields are required unless otherwise noted.

Sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf do not need to complete this form.

Questions? Contact Boeing Employees' Credit Union (BECU) at **800-704-8080**.

Step 1. Purpose of this form

Federal regulations require financial institutions to obtain, verify, and record certain information, some of which is collected on this form.

Legal Entities can be used 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 (the Beneficial Owners and the Control Person) helps law enforcement investigate and prosecute these crimes.

Step 2. Legal Entity information

Legal Entity Name
Provide the full legal name of the business as registered with the secretary of state or department of revenue, not a trade name or "doing business as" (DBA) name.

Legal Entity Type

◯ Partnership ◯ Corporation ◯ LLC ◯ Sub

Federal Tax Identification Number (TIN)
Enter the TIN the Legal Entity uses to file its business taxes.

Street Address (must be a physical address in the United States)

City	**State**	**ZIP Code**

Country	**Phone** (numbers only, no dashes)

Step 3. Beneficial Owner(s) with 25% or more ownership

A Beneficial Owner is not the same as a beneficiary. A Beneficial Owner is each individual who owns, directly or indirectly, 25% or more of the equity interests of the Legal Entity. (For example, each natural person that owns 25% or more of the shares of a corporation is a Beneficial Owner.)

You must list **all** Beneficial Owners with 25% or more ownership unless there are no such owners (for example, non-profit organizations), in which case you may check the box stating there are no Beneficial Owners.

☐ There are no Beneficial Owners with 25% or more ownership. Proceed to Step 4.

Beneficial Owner 1

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Ownership Stake** %	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

○ Social Security number: _____ (9 digits, numbers only, no dashes)

○ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)

○ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial Owner 2

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Ownership Stake** %	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial Owner 3

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Ownership Stake** %	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial Owner 4

First Name	Middle Name (optional)	Last Name	Suffix

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	Ownership Stake %	Date of Birth (mm/dd/yyyy)

Physical Home Address

City	State / Province

ZIP / Postal Code	Country

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 4. Control Person

Who is a Control Person?

You must designate as the Control Person an individual with significant responsibility to control, manage, or direct the Legal Entity. This person does **not** need to be an owner of the Legal Entity, but they must be a high-level official in the legal entity, who is responsible for how the organization is run, and who will have access to a range of information concerning day-to-day operations.

What if this person was already listed in Step 3?

If an individual meets the definition of both Beneficial Owner with 25% or more ownership and Control Person, you must list them in both sections.

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes).
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes).
- ◯ The Control Person does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 5. Information about the person completing and signing this form

Who is completing and signing this form?

◯ An Owner listed in Step 3 or the Control Person listed in Step 4, above. Proceed to Step 6.

◯ Someone else. Please provide your details below.

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business

Social Security Number or ITIN (or Alternate Identification)

◯ Social Security number: _____ (enter 9 digits, numbers only, no dashes).

◯ Individual Tax ID Number (ITIN): _____ (enter 9 digits, numbers only, no dashes).

◯ I do not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 6. Certification and agreement

By signing below, I agree to the following:

- I authorize BECU to access the FinCEN beneficial ownership database (https://www.fincen.gov/boi) to validate the Legal Entity's beneficial ownership information.
- If the Legal Entity has a BECU deposit account or loan with an automatic renewal feature, I 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.
- I certify, to the best of my knowledge, that the information provided on this form is complete and correct.

Signature	**Printed Name**	**Date** (mm/dd/yyyy)

For BECU use only

☐ ID verified Org Number: _____