

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)

- ☐ **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

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

1. Business Information and Ownership

BUSINESS NAME (Federal tax reporting name)		DBA (if applicable)
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.

☐ 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 (CBD) related 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 any individuals or entities outside of the U.S. 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
NAICS code*	Type of business / primary function	Number of employees
		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: <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	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
Will your business send or receive international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount of international wires outgoing: <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	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

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 (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): <input type="checkbox"/> Individual shown as governor on the Washington Secretary of State or My DOR website <input type="checkbox"/> BECU Delegation of Banking Authority <input type="checkbox"/> BECU Resolution of Banking Authority - Limited Partnerships and LLCs	Business Services Specialist verification (select one): <input type="checkbox"/> BECU Resolution of Banking Authority - Corporations <input type="checkbox"/> Resolution of Banking Authority (provided by the business) <input type="checkbox"/> Partnership agreements

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

SECTION 4 REQUIRED SIGNATURES

<input type="checkbox"/> Corporation / LLC <input type="checkbox"/> Single-owned: Owners' signature <input type="checkbox"/> Multi-owned: All owner's with 25% or more ownership <input type="checkbox"/> Multi-owned (where no one has 25% or more ownership): Person opening the business membership <input type="checkbox"/> LLCs: Indicate federal tax status (check one below): <input type="checkbox"/> Single-member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership / Limited Partnership <input type="checkbox"/> Single-owned: Owners' signature <input type="checkbox"/> Multi-owned: All owner's with 25% or more ownership <input type="checkbox"/> 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		<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	
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:		Business ownership percentage:	Authorized Signer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		TITLE		DATE	
INDIVIDUAL (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	
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:		Business ownership percentage:	Authorized Signer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		TITLE		DATE	
INDIVIDUAL (3)				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	
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:		Business ownership percentage:	Authorized Signer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		TITLE		DATE	

MEMBERSHIP AGREEMENT SIGNATURES (Continued)

INDIVIDUAL (4)				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	
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:		Business ownership percentage:	Authorized Signer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		TITLE		DATE	

INDIVIDUAL (5)				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	
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:		Business ownership percentage:	Authorized Signer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		TITLE		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		<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	
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:				
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	

5. Additional Authorized Signers (continued)

STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
Non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If non-resident alien, country of origin:	
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)		<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		

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)			
<input type="checkbox"/> Business Member Share Savings (required)			
ACCOUNT (2)			
<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Business Interest Checking	<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> Business Savings
ACCOUNT (3)			
<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Business Interest Checking	<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> Business Savings
ACCOUNT (4)			
<input type="checkbox"/> Business Basic Checking	<input type="checkbox"/> Business Interest Checking	<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> 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) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card	INDIVIDUAL (2) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
INDIVIDUAL (3) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card	INDIVIDUAL (4) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
INDIVIDUAL (5) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card	AUTHORIZED SIGNER (1) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card
AUTHORIZED SIGNER (2) <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> 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 <input type="checkbox"/> ID verified

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

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. *Beneficial Owner with Significant Responsibility*.

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

☐ 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
------	-----------	------

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