

BUSINESS CHANGES REQUIRING BENEFICIAL OWNER CERTIFICATION CHECKLIST – CORPORATIONS, LLCs, PARTNERSHIPS

Help us process your changes and requests faster by providing a few things to get started:

- ☐ Print, complete, and sign a Business Changes Requiring Beneficial Owner Certification – Corporations, LLCs, and Partnerships form located on becu.org.
- ☐ Print, complete, and sign a Certification Regarding Beneficial Owners of Legal Entity form located on becu.org.
- ☐ Return the completed form to one of the following:
 - In person to any BECU location
 - Fax to 206.805.5612
 - Mail to:
BECU
MS 1094-2
Attn: Account Servicing
PO Box 97050
Seattle, WA 98124

TO CHANGE YOUR BUSINESS NAME:

- ☐ Ensure that the new business name is reflected on the WA Secretary of State website (or WA State My DOR site for general partnerships). BECU uses this website for validation. If the correct name is not reflected on this site, BECU cannot process the business name change request.
- ☐ Complete sections 1, 2, and 7 of the Business Changes Requiring Beneficial Owner Certification – Corporations, LLCs, and Partnerships form.
 - Complete section 6 if new Deposit Account Cards are requested.
- ☐ All Business Owners listed with BECU must complete and sign section 7.
 - If no Business Owners are listed with BECU, the individual listed as the Beneficial Owner with Significant Responsibility in section 4 on the Certification Regarding Beneficial Owners of Legal Entity Members form must sign.

TO ADD OR REMOVE AUTHORIZED SIGNERS:

- ☐ To add or remove Authorized Signers, complete sections 1, 3, and 7 of the Business Changes Requiring Beneficial Owner Certification – Corporations, LLCs, and Partnerships form.
 - Complete section 6 if new Deposit Account Cards are requested.
- ☐ To add or remove Account-Only Authorized Signers, complete sections 1, 4, and 7 of the Business Changes Requiring Beneficial Owner Certification – Corporations, LLCs, and Partnerships form.
 - Complete section 6 if new Deposit Account Cards are requested.
- ☐ All Business Owners listed with BECU must complete and sign section 7.
 - If no Business Owners are listed with BECU, the individual listed as Beneficial Owner with Significant Responsibility in section 4 of the Certification Regarding Beneficial Owners of Legal Entity Members form must sign.
 - An Authorized Signer may complete and sign section 7 if they are requesting to remove themselves. However, a second person acting on behalf of the business must sign the Certification Regarding Beneficial Owners of Legal Entity form.
 - If the Business is a Non-profit without Business Owners and without a designated Beneficial Owner with Significant Responsibility, all current authorized signers must sign as Business Owners in section 7.

TO ADD NEW DEPOSIT PRODUCTS AND SERVICES:

- ☐ Complete sections 1, 5, and 7 of the Business Changes Requiring Beneficial Owner Certification – Corporations, LLCs, and Partnerships form.
 - Complete section 6 if new Deposit Account Cards are requested.
- ☐ Any one Authorized Signer must complete and sign section 7.

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 CHANGES REQUIRING BENEFICIAL OWNER CERTIFICATION - CORPORATIONS, LLCs, PARTNERSHIPS



If you don't see the change options you're looking for below, refer to Business Changes - Corporations, LLCs, Partnerships. If you have any questions, please contact Boeing Employees' Credit Union at 800.233.2328.

- ☐ To change your business name, complete sections 1, 2, and 7. ☐ To add or remove Account-Only Authorized Signers, complete sections 1, 4, and 7.
- ☐ To add or remove Authorized Signers, complete sections 1, 3, and 7. ☐ To open a new account, complete sections 1, 5, 6, and 7.

1. Business Information

| | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------|
| BUSINESS NAME (DBA, if applicable) | FEDERAL TAX ID NUMBER <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN |
|------------------------------------|---------------------------------------------------------------------------------------------------------------|

2. Change Business Name

BECU will validate the new business name on the Washington Secretary of State or Washington State My DOR (for general partnerships) website.

| | |
|----------------------|-------------------|
| FORMER BUSINESS NAME | NEW BUSINESS NAME |
|----------------------|-------------------|

3. Add or Remove Authorized Signers

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 in section 7.

| | | | | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------|----------------------|-----------------------------------------------------------------|-----------|
| AUTHORIZED SIGNER (1) | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | 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: | | | | |
| AUTHORIZED SIGNER (2) | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | 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: | | | | |

Continued on the next page.

4. Add or Remove an Account-Only Authorized Signer

Account-Only Authorized Signers can only view and access information and perform transaction on the specified account(s) through the ATM, by telephone, or in person. They are not eligible to use online banking to view information about the account or perform transactions. **Note:** An individual must be listed as either an Authorized Signer or an Account-Only Authorized Signer. They cannot be both. Each new Account-Only Authorized Signer must sign in section 7.

| | | | | | |
|---------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|-----------|
| ACCOUNT-ONLY AUTHORIZED SIGNER | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | SSN / TIN |
| ACCOUNT NUMBER(S) | | | | | |
| 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: | | | | |

5. Add Deposit Products and Services

Please refer to the BECU Business Account Disclosure for rates and fee schedule. For a Business CD account, indicate the month term (3-60 months) and check the Add-To box to make additional CD contributions (optional). Visit becu.org for additional information about our products and services.

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|-------------------------------------------|--|
| ACCOUNT (1) | | | | |
| <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 (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 | |
| CD ACCOUNT | | | | |
| <input type="checkbox"/> Business CD | | | | |
| How many months? _____ <input type="checkbox"/> Add-To Option (Complete Account to Account Transfer form located on becu.org/support/forms) | | | | |

6. Add 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.

| | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| AUTHORIZED SIGNER NAME | Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card |
| AUTHORIZED SIGNER NAME | Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card |
| ACCOUNT-ONLY AUTHORIZED SIGNER NAME | Select card type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM Deposit-Only Card |

7. Agreements and Signatures

IMPORTANT INFORMATION ABOUT 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 name changes: All Business Owners listed with BECU must complete and sign section 7. If no Business Owners are listed with BECU, the individual listed as Beneficial Owner with Significant Responsibility in section 4 of the Certification Regarding Beneficial Owners of Legal Entity form must sign. If the Business is a Non-profit without Business Owners and without a designated Beneficial Owner with Significant Responsibility, ALL CURRENT AUTHORIZED SIGNERS MUST SIGN AS BUSINESS OWNERS BELOW.

Continued on the next page.

7. Agreements and Signatures (Continued from previous page.)

Adding or removing Authorized Signers: Unless an Authorized Signer is requesting their removal, all Business Owners listed with BECU must complete and sign section 7. If no Business Owners are listed with BECU, the individual listed as Beneficial Owner with Significant Responsibility in section 4 of the Certification Regarding Beneficial Owners of Legal Entity form must sign. Any Authorized Signer may complete and sign section 7 if they are requesting their own removal. If the Business is a Non-profit without Business Owners and without a designated Beneficial Owner with Significant Responsibility, ALL CURRENT AUTHORIZED SIGNERS MUST SIGN AS BUSINESS OWNERS BELOW.

Adding new deposit products and services: Any one Authorized Signer must complete and sign section 7.

By signing below, the person(s) who completes this form ("You") certifies that You are authorized to request the above changes on behalf of the business and are authorized to take all other actions and steps reasonable or necessary to do so and deliver any instruments or agreements, as necessary to BECU. 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 any accounts, new deposit products, or services requested and we may rely on the information in our dealings with You, now and in the future. 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.

By signing below, any person added as an Authorized Signer acknowledges and agrees to the terms and conditions, to include applicable disclosures: (1) of the Business Account Agreements and BECU Business Account Disclosure, all as amended to date; (2) that issuance of each Debit Card or other access device selected in section 6 is specifically requested.

| | | | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|--------------|
| INDIVIDUAL COMPLETING THIS FORM | | SIGNATURE | | |
| TITLE | | DATE | | |
| BUSINESS OWNER (1) | | SIGNATURE | | |
| TITLE | | DATE | | |
| BUSINESS OWNER (2) | | SIGNATURE | | |
| TITLE | | DATE | | |
| BUSINESS OWNER (3) | | SIGNATURE | | |
| TITLE | | DATE | | |
| BUSINESS OWNER (4) | | SIGNATURE | | |
| TITLE | | DATE | | |
| Authorized Signers added in section 3 or 4 must sign below. | | | | |
| AUTHORIZED SIGNER NAME (1) | | SIGNATURE | | |
| TITLE | | DATE | | |
| AUTHORIZED SIGNER NAME (2) | | SIGNATURE | | |
| TITLE | | DATE | | |
| ACCOUNT-ONLY AUTHORIZED SIGNER NAME | | SIGNATURE | | |
| TITLE | | DATE | | |
| BECU Use Only | NEW SAVINGS NUMBER | NEW CHECKING NUMBER | DATE | REP INITIALS |
| | <input type="checkbox"/> IDV verified <input type="checkbox"/> QualiFile® (on Authorized Signers, if applicable) <input type="checkbox"/> OFAC (new business name) | | | |

Completed form can be submitted in person or returned to:
BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750 or fax to 206.805.5612

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

B|E|C|U

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: _____ |
|----------------------|--------------------------------------|-------------------|