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 Signification Responsibility, all current authorized signers must sign as a 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

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 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 Authorized Signers, complete sections 1, 3, and 7.
- ☐ To add or remove Account-Only Authorized Signers, complete sections 1, 4, 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 ☐ EIN ☐ ITIN ☐ 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) ☐ Add ☐ Remove			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:

AUTHORIZED SIGNER (2) ☐ Add ☐ Remove			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:

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 ☐ Add ☐ Remove				SSN / TIN
ACCOUNT NUMBER(S)				
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:	

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

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

CD ACCOUNT
☐ Business CD
How many months? _____ ☐ Add-To Option (Complete Set Up Recurring Transfer Between BECU Deposit Accounts form)

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: ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card
AUTHORIZED SIGNER NAME	Select card type: ☐ Debit Card ☐ ATM Card ☐ ATM Deposit-Only Card
ACCOUNT-ONLY AUTHORIZED SIGNER NAME	Select card type: ☐ Debit Card ☐ ATM Card ☐ 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
	☐ IDV verified ☐ QualiFile® (on Authorized Signers, if applicable) ☐ 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 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 ◯ Club

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: _____