

BUSINESS MEMBERSHIP & ACCOUNT OPENING CHECKLIST

Welcome to BECU. We offer a complete line of business banking products and services designed to help your business thrive. Opening an account is easy. Bring the following information to any BECU location to get started.

ALL NEW BUSINESS MEMBERSHIPS, REGARDLESS OF BUSINESS TYPE, WILL NEED THE FOLLOWING:

- BECU Business Membership Application
(Available online or at any BECU location)
- Business Tax Identification Number *(Employer identification number or social security number)*
- Personal Identification for each owner *(Current driver's license or state issued identification card)*

IN ADDITION TO THE ABOVE, DEPENDING ON YOUR BUSINESS TYPE YOU WILL NEED TO PROVIDE THE FOLLOWING:

Corporation and S Corporation

- Articles of Incorporation **OR**
Certificate of Incorporation
- Signed Corporate Resolution *(Only required if officers names are not listed in the Certificate of Incorporation or Articles of Incorporation)*

Limited Liability Company (LLC)

- Limited Liability Company Agreement
OR Certificate of Formation

General Partnership

- Partnership Agreement **OR** Statement
of Partnership Authority

Limited Partnership

- Partnership Agreement **OR** Certificate
of Limited Partnership

Sole Proprietorship

- WA State Business License

Non-Profit Organizations (Private Foundations or Public Charities)

- Articles of Incorporation **OR**
Certificate of Incorporation

PLEASE BE ADVISED THE FOLLOWING INDIVIDUALS ARE TO COMPLETE AND SIGN THE APPLICATION:

- Business owner(s) with 25% or greater
ownership in the business.
- Two corporate officers where no individual
has a 25% ownership or greater.

PLEASE NOTE that all business owners and authorized signers are required to be present at account opening.

For more information call **800.233.2328** or visit any BECU location.

While we try our best to anticipate the documents required, account opening and documentation requirements for your business may be different than stated above and may change based on legal structure of your business. All accounts are subject to approval.

BUSINESS MEMBERSHIP APPLICATION

Welcome to Boeing Employees' Credit Union (BECU). All information is required unless otherwise noted. Please complete application, sign it in ink, and bring to a BECU location to apply. If you have any questions contact 800.233.2328, ext. 5140.

1. Business Information and Ownership

BUSINESS LEGAL NAME AND TRADE NAME (DBA, IF APPLICABLE)

Business Structure Required Documents

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> WA State Business License	<input type="checkbox"/> Corporation: <input type="checkbox"/> Articles of Incorporation (preferred) or <input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Limited Liability Company (LLC): <input type="checkbox"/> LLC Agreement (preferred) or <input type="checkbox"/> Certificate of Formation	<input type="checkbox"/> Partnership: <input type="checkbox"/> Partnership Agreement (preferred) or <input type="checkbox"/> Certificate of Limited Partnership
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FEDERAL TAX IDENTIFICATION NUMBER (EIN OR SSN) <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	STATE UNIFIED BUSINESS IDENTIFIER (UBI) NUMBER																				
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If SSN, name of individual:																					

BUSINESS LOCATION / STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
BUSINESS PHONE	BUSINESS FAX (optional)	EMAIL ADDRESS (optional)	NAICS CODE*

By providing your email address, you agree that BECU may send marketing information regarding products and services to you electronically.

*North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments. It appears on your Federal Tax return or Schedule C.

Is your business a non-profit, not-for-profit, or charitable organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees:
STATE OF ENTITY FORMATION	DATE BUSINESS ESTABLISHED
COUNTRY WHERE BUSINESS ESTABLISHED	

2. Business Account Profile and Transactions

Note: BECU does not offer accounts for money transfer services, businesses operating Internet gambling sites or marijuana dispensaries/businesses. I acknowledge my business does not operate in a restricted industry. Initials _____

Does the business receive revenue from a marijuana related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the % of income or revenue from a marijuana related business?
Will your business entity send domestic wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total number of domestic wire transfers sent per month:
Total dollar amount of domestic monthly wire transfers sent:	Will your business entity send international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary country involved in your wire transfer:	Total number of international wire transfers per month sent:
Total dollar amount of international monthly wire transfers sent:	Total dollar amount of monthly ACH transactions sent by BECU:
Total dollar amount of monthly cash deposits:	Total number of monthly cash deposits:
Total dollar amount of monthly cash withdrawals:	Total number of monthly cash withdrawals:
Where do you plan to withdraw cash? <input type="checkbox"/> ATM <input type="checkbox"/> BECU Teller	Type of business/Primary function of business:

3. Products and Services Please visit becu.org for additional information on our products and services.

A savings account is required to establish membership at BECU. Please refer to the BECU Business Account Disclosure for rates and fee schedule.

Choose all that apply:

<input type="checkbox"/> Business Member Share Savings	<input type="checkbox"/> Basic Checking Account	<input type="checkbox"/> Money Market Account
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Interest Checking Account	<input type="checkbox"/> Certificate of Deposit

Please see information in the Deluxe Check Design Brochure to order checks.

4. Certificate of Authority (Persons authorized to open account on behalf of the business)

By signing below, whether You are a corporation, partnership, limited partnership, limited liability company, or other entity separate from its owner(s), You certify that You, by Resolution or otherwise, duly adopted in accordance with Your 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. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf. It shall not be necessary for BECU to inquire further into Your powers or powers of Your officers, directors, partners, managers, members, or agents purporting to act on Your behalf.

REQUIRED SIGNATURES

- Sole Owner Entities (Sole Prop/Single Owner LLC) – Owner’s Signature
- Multi Owner Entities – All Owners with 25% ownership or greater
- Multi Owner Corporations – Two (2) Corporate Officers, one who is an executive and another who is the corporate secretary

SIGNATURE	FULL LEGAL NAME	TITLE/POSITION	DATE
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5. Membership Agreements

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 Your 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; that issuance of each Debit Card or other access device selected in Section 4 is specifically requested; and that by selecting a Checking Account, You authorize BECU to debit the cost of the checks from Your checking account at the time of the check order.

Taxpayer Identification Number Certification and Backup Withholding Information

By signing below, You certify in accordance with the 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 Internal Revenue Service (IRS) that You are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified You that You are no longer subject to backup withholding, and 3. You are a U.S. person (including a U.S. resident alien).

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

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

IMPORTANT INFORMATION ABOUT YOUR PROCEDURES FOR OPENING A NEW ACCOUNT. Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

Business owner percentage ownership: %	Authorized signer on account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER’S MAIDEN NAME
VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
STREET ADDRESS (REQUIRED)	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	Business owner percentage ownership: %	Authorized signer on account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER’S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	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 3	Business owner percentage ownership: %	Authorized signer on account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	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 4	Business owner percentage ownership: %	Authorized signer on account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	PRINT NAME	SSN/TIN	HOME PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE
	STREET ADDRESS (REQUIRED)	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 may make inquiries on accounts and perform transactions between Your linked BECU accounts.
 **Non-Authorized Agents may only make inquiries on accounts.

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

7. BECU Use Only

BASIS FOR ELIGIBILITY				
This section to be completed by BECU	SHARE ACCOUNT #	CHECKING ACCOUNT #	MONEY MARKET ACCOUNT #	CD ACCOUNT #
	DATE	REP	<input type="checkbox"/> ID Verified <input type="checkbox"/> OFAC on Business Name <input type="checkbox"/> QualiFile® (On authorized signers)	