



## Business Account Opening - Due Diligence Form

Organization Name

Employer Identification Number (EIN)

1. What is the business structure of the organization?

- Sole Proprietorship (Skip #2-3)       Limited liability partnership       Non-Profit  
 Corporation       Partnership       Single Member LLC  
 Limited liability company       Trust

2. (Skip if sole proprietorship) – Is this a publicly-traded company?

- Yes       No

3. (Skip if sole proprietorship) – Is the company at least 51% owned by an entity listed on the New York, American or NASDAQ stock exchange?

- Yes       No

4. How many individuals, if any, own 25% percent or more of the equity interests in this organization?

5. Is your business headquartered in the US?

- Yes       No

6. Are you registered in your state to do business?

- Yes       No

7. What type of business is this?

8. Identify what activity you will use this account for:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Operating Funds | <input type="checkbox"/> Equipment purchase or lease | <input type="checkbox"/> MSB Activity                      |
| <input type="checkbox"/> Credit Card processing  | <input type="checkbox"/> Insurance premiums          | <input type="checkbox"/> Other – specify                   |
| <input type="checkbox"/> Payroll                 | <input type="checkbox"/> Pooled investment vehicle   | <input type="checkbox"/> Private Banking                   |
| <input type="checkbox"/> Savings                 | <input type="checkbox"/> Postage remittance          | <input type="checkbox"/> Private-label credit card account |
| <input type="checkbox"/> IOLTA/IOLA              | <input type="checkbox"/> Lottery                     |  |

9. (Sole proprietorships only) – Will your account(s) also be used for your personal (i.e. non-business) banking activity?

- Yes       No

10. (Sole proprietorships only) – Are you a frequent traveler?

- Yes       No

11. What types and volume of transactions do you expect for your business account?

Transaction Type	Approximate Activity (dollar amount/month)	Extra Information
<input type="checkbox"/> Safe Deposit Box		
<input type="checkbox"/> Cash Deposits		
<input type="checkbox"/> Cash Withdrawals		
<input type="checkbox"/> Courier or armored car service		
<input type="checkbox"/> Incoming Wire Transfers		Domestic? <input type="radio"/> Yes <input type="radio"/> No International? <input type="radio"/> Yes <input type="radio"/> No Specify Countries:
<input type="checkbox"/> Outgoing Wire transfers		Domestic? <input type="radio"/> Yes <input type="radio"/> No International? <input type="radio"/> Yes <input type="radio"/> No Specify Countries:
<input type="checkbox"/> Incoming (non-wire) Electronic Transfers (ACH)		Domestic? <input type="radio"/> Yes <input type="radio"/> No International? <input type="radio"/> Yes <input type="radio"/> No Specify Countries:
<input type="checkbox"/> Outgoing (non-wire) Electronic Transfers (ACH)		Domestic? <input type="radio"/> Yes <input type="radio"/> No International? <input type="radio"/> Yes <input type="radio"/> No Specify Countries:
<input type="checkbox"/> Check Deposits		<input type="checkbox"/> Mobile/Remote Deposit
<input type="checkbox"/> Check Withdrawals		
<input type="checkbox"/> Monetary Instruments Purchases		
<input type="checkbox"/> ATM Deposits		
<input type="checkbox"/> ATM Withdrawals		

12. (Sole proprietorships only) – Are you a U.S. citizen?

Yes  No

13. (Sole proprietorships only) – Do you have citizenship with any other country?

Yes  No

14. Does any portion of your business income come from Internet Gambling?

- Yes       No

15. Is this a hemp-related business?

- Yes       No

If so, are you licensed by the state?

- Yes       No

What percentage of your revenue is derived from hemp-related products?

16. Is this a CBD-related business?

- Yes       No

If so, what percentage of your revenue is derived from CBD related products?

17. Does your business provide any of the following professional services — acting as an intermediary between your clients and the credit union, performing services or arranging for services to be performed on your client's behalf?

- Yes       No

Accounting

Legal

Tax Preparation

Funds Management

Medical

Trust Management

Insurance

Notary

Investment Advisory

Real Estate

Will other professionals be using this account?

- Yes       No

18. Does your business involve any of the following Nonbank Financial Institutions?

- Yes       No

Casinos, card clubs or gaming establishments with revenues greater than one million dollars.

Precious metals, stones, or jewels with purchases or sales over \$50,000/year.

Real estate closing and Settlement

Securities, futures commissions or commodity trading.

Pawn Brokerage

US Postal Service

Insurance

Travel agency

Federal, state, or local government agency carrying out a duty or power of a business described in this section.

Loan/Finance

Telegraph company

Credit card system operation

Vehicle sales (automobiles, airplanes, boats, etc.)

19. Does your business involve any of the following Money Services Businesses (MSB)?  Yes  No

Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day

Non-network branded card sales that exceed

\$1,000 to any one person in any one day

Cash checks in amounts greater than \$1,000 for any one person in any one day

\$2,000 maximum value per device on any given day

Transmit money on your customer's behalf electronically from one location to another

Issue or sell money orders in amounts greater than

Network branded card sales that exceed \$1,000 maximum value per device on any given day

Administer or exchange virtual currency

20. Do you depend, in whole or in part, on charitable donations and voluntary service for support (Nongovernmental Organizations or Charities)?

Yes  No

If so, in what country is your organization chartered?

Do you have volunteers from non-US countries? If yes, specify the countries.

Yes  No

21. Does your company offer courier or armored car services to ship currency on your customers' behalf?

Yes  No

22. Will you be processing transactions that benefit a third party?

Yes  No

23. Do you own, operate or replenish an ATM?

Yes  No

If so, do you have access to replenish the cash within the ATM?

Yes  No

If so, what is the source of the cash?

**SOLE PROPRIETORSHIPS – STOP**



## Beneficial Ownership Certification Form

### 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 customers. 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 has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (a) a bank or credit union; (b) a broker or dealer in securities; (c) a mutual fund; (d) a futures commission merchant; or (e) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company (LLC), partnerships (including limited partnerships) or other similar entity that is created by a filing of a public document with a Secretary of State or similar office. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### What information do I have 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 following individuals (i.e., the beneficial owners):

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section B, 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 B, you must provide the identifying information of one individual under section C. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section B), and up to five individuals (i.e., one individual under section C and four 25 percent equity holders under section B). The financial institution may also ask to see a driver's license or other identifying document for each beneficial owner listed on this form.



## Beneficial Ownership Certification Form

### A. Account Opening

What is the name and title of the person opening the account?

Individual Name	
Title	
Legal Entity's Business Street Address	
Street Address Line 2	
City/State/Zip	

### B. Beneficial Owners

The following information for each individual\*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity opening this account.

Beneficial Ownership not applicable to the Account (e.g., no individual owns 25% or more equity)

#### Beneficial Owner 1 – Ownership Percentage \_\_\_\_\_%

Individual Name	
Street Address	
Address Line 2	
City/State/Zip	
Date of Birth	
US Citizen	<input type="radio"/> Yes <input type="radio"/> No
Identification Number (SSN, ITIN)	

#### Beneficial Owner 2 – Ownership Percentage \_\_\_\_\_%

Individual Name	
Street Address	
Address Line 2	
City/State/Zip	
Date of Birth	
US Citizen	<input type="radio"/> Yes <input type="radio"/> No
Identification Number (SSN, ITIN)	

#### Beneficial Owner 3 – Ownership Percentage \_\_\_\_\_%

Individual Name	
Street Address	
Address Line 2	
City/State/Zip	
Date of Birth	
US Citizen	<input type="radio"/> Yes <input type="radio"/> No
Identification Number (SSN, ITIN)	

**Beneficial Owner 4 – Ownership Percentage \_\_\_\_\_%**

Individual Name	
Street Address	
Address Line 2	
City/State/Zip	
Date of Birth	
US Citizen	<input type="radio"/> Yes <input type="radio"/> No
Identification Number (SSN, ITIN)	

**C. Control Individual**

The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- 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 appropriate, an individual listed under section (c) above may also be listed in this section (d)).

**Control Individual**

Individual Name	
Title	
Street Address	
Address Line 2	
City/State/Zip	
Date of Birth	
US Citizen	<input type="radio"/> Yes <input type="radio"/> No
Identification Number (SSN, ITIN)	

**D. Attestation**

I, \_\_\_\_\_, (Name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

I authorize Security Service Federal Credit Union to check my consumer report including verification of the information on this request. I understand that Security Service may contact me for additional information, and that this application must be completed fully for Security Service to process my request. Security Service may obtain information from others about me and give information to others. I authorize Security Service to issue any access devices requested by me.

By submitting this application electronically, I agree to the same terms that apply to a signed application. If there is a joint or co-applicant, that joint or co-applicant has authorized the submission of this application. This electronic submission qualifies as my signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Business Documents Required – Texas

Business Type	Documentation Checklist
Sole Proprietorship	<ul style="list-style-type: none"> <li>• Assumed Name Certificate-issued by the County Courthouse where business is located</li> <li>• Social Security Number or Tax Identification Number- issued by the IRS</li> <li>• Proper ID and Social Security number for all account signers</li> <li>• Resolution for Handling Account (provided by the credit union)</li> </ul>
General or Informal Partnership	<ul style="list-style-type: none"> <li>• <b>Business Owner(s) and Controlling Manager/Officer Information*</b></li> <li>• Assumed Name Certificate-issued by the County Courthouse where business is located</li> <li>• Partnership Agreement (if available)</li> <li>• Tax Identification Number for the partnership issued by the IRS (No SSN's)</li> <li>• Proper ID and Social Security number for all account signers</li> <li>• Resolution for Handling Account (provided by the credit union)</li> </ul>
Limited Partnership	<ul style="list-style-type: none"> <li>• <b>Business Owner(s) and Controlling Manager/Officer Information*</b></li> <li>• Partnership Registry <b>or</b> Certificate of Limited Partnership-issued by the Secretary of State</li> <li>• Partnership Agreement- That was filed with the Secretary of State</li> <li>• Tax Identification Number for the LP issued by the IRS</li> <li>• Proper ID and Social Security number for all account signers</li> <li>• Resolution for Handling Account (provided by the credit union)</li> </ul>
Corporation	<ul style="list-style-type: none"> <li>• <b>Business Owner(s) and Controlling Manager/Officer Information*</b></li> <li>• Corporate Charter or Certificate of Incorporation-issued by the Secretary of State with the State Seal</li> <li>• Articles of Incorporation-filed with the Secretary of State</li> <li>• Tax Identification Number- for the Corporation issued by the IRS (No SSN's)</li> <li>• Proper ID and Social Security number for all account signers</li> <li>• Resolution for Handling Account (provided by the credit union)</li> <li>• <i>Note—If corporation is doing business in another name, they must provide an assume name certificate.</i></li> </ul>
Limited Liability Company	<ul style="list-style-type: none"> <li>• <b>Business Owner(s) and Controlling Manager/Officer Information*</b></li> <li>• Certificate of Organization-issued by the Secretary of State with the State Seal</li> <li>• Tax Identification Number- for the LLC issued by the IRS (No SSN's)</li> <li>• Proper ID and Social Security number for all account signers</li> <li>• Resolution for Handling Account (provided by the credit union)</li> </ul>
Non- Profit Organization/ Associations	<ul style="list-style-type: none"> <li>• <b>Business Owner(s) and Controlling Manager/Officer Information*</b></li> <li>• Bylaws <b>or</b> Charter- for Association (if available - <b>for Churches required unless it is incorporated—If incorporated see Corporation</b>)</li> <li>• Minutes- reflecting elected authorized signers <b>or</b> a letter signed by the President on letterhead authorizing the establishment of the account and respective signers</li> <li>• Tax Identification Number- for the Association issued by the IRS (No SSN's)</li> <li>• Proper ID and Social Security number for all account signers</li> <li>• Resolution for Handling Account (provided by the credit union)</li> </ul>

**\*Beneficial Owner is any individual who directly or indirectly, owns 25% or more of the business or controls the entity doing business with Security Service Federal Credit Union**





## New Business Account Request Form

Type of Service \_\_\_\_\_ Account Number(s): \_\_\_\_\_

### Business Account Information

Tax ID/EIN: \_\_\_\_\_

Business Name: \_\_\_\_\_

Date Established: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### Type of Entity

- Corporation   
  LP   
  Sole Proprieter/DBA  
 LLC   
  Assn   
  Club   
  Partnership

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_  Own  Rent  Other

Physical Address: \_\_\_\_\_

(If different from above)

City, State, Zip: \_\_\_\_\_

I do hereby certify that the information provided above and given to Security Service Federal Credit Union for application of membership is true and correct. In addition, I authorize Security Service Federal Credit Union to obtain my credit report and any other information necessary to process this application, service my account, offer additional products and manage its relationship with me.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Authorized Signer Information

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Female  Male

E-mail Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Driver License No. & State: \_\_\_\_\_

Driver License Issue Date: \_\_\_\_\_

Driver License Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_  Own  Rent  Other

Lived in current state the past five years?  Yes  No

Physical Address: \_\_\_\_\_

(If different from above)

City, State, Zip: \_\_\_\_\_