SOUTH BAY CREDIT UNION

California New Business Account Documentation Guide

Ownership Type	Documentation Needed
Sole Proprietor/DBA (an unincorporated business owned by one individual or a husband and wife)	**1. Fictitious Business Name Statement (DBA Form)** Stamped by County Recorder Office Required if business name does not have first and last name of member -AND- **2. Employer Identification Number (EIN)** Required only if business is not using sole proprietor's SSN
General Partnership (an unincorporated business Owned by two or more people)	**1. Partnership Agreement** -AND- **2. Fictitious Business Name Statement (DBA Form)** Stamped by County Recorder Office Required if partnership does not include both members' first/last names -AND- **3. Employer Identification Number (EIN)**
Limited Liability Company (LLC) (a special kind of company that shares characteristics of a corporation and a partnership)	**1. Articles of Organization** Must contain "Filed" and Date Stamp from CA Secretary of State -AND- **2. Statement of Information or Copy of Operating Agreement** Statement of Information must be filed within 1-2 years of the establishment of the LLC. -AND- **3. Employer Identification Number (EIN)**
Limited Liability Partnership (LLP) (these entities are neither LLC's or General Partnerships)	**1. Certificate of Limited Partnership** Must contain "Filed" and Date Stamp from CA Secretary of State -AND- **2. Employer Identification Number (EIN)**
Corporation (Inc.) (an entity created by law, limiting liability to corporate assets. Ownership is evidenced by shares of stock and operated officers elected by a Board of Directors)	**1. Articles of Incorporation** Must contain "Filed", File #, and Date Stamp from CA Secretary of State -AND- **2. Certificate of Incorporation** Certificate is issued upon filing articles – File # must match # on Articles -AND- **3. Statement of Information** Must contain Sec. of State certification and names of corporate officers Must be filed within 3 months of registering a new corporation -AND- **4. Corporation Bylaws** -AND- **5. Employer Identification Number (EIN)**
Unincorporated Association (an organization of two or more persons organized to promote a common interest)	**1. Registration of the Association with the appropriate governing entity or Articles of Association** -OR- **2. By-laws may be used in place of Articles of Association and/or registration with the appropriate governing entity.** -AND- **3. Employer Identification Number (EIN)**
Additional Documents (Optional)	**1. Copy of 501C Documentation (Certificate as a Non-Profit)** **2. FTB Form 3500 (For State Tax Exemption)** **3. Statement & Designation by Foreign Corp. (Non-CA Corp doing business in CA)**

Business Service Agreement
Part 1

SOUTH BAY CREDIT UNION
312 N. Pacific Coast Hwy.
Redondo Beach, CA 90277
310.374.3436
southbaycu.com

BUSINESS or ORGANIZATION INFORMATION 1

Name of Business or Organization | Phone Number 1 | Phone Number 2

Address | City | State | ZIP | Taxpayer ID Number | E-mail

Mailing Address (if different from Address) | City | State | ZIP | Type of Business or Organization | Charter Date

ACCOUNT(S) _____ ☐ Primary Savings ☐ Savings ☐ Checking ☐ Money Market ☐ Certificate ☐ _____ 2

SERVICE(S) ☐ Debit Card ☐ Online Banking ☐ Paper Statements ☐ Overdraft Protection 3

REPRESENTATIVE(S) INFORMATION (A representative may start, *conduct transactions*, change, add and terminate an account, product or service for the business or organization.) 4

Representative 1 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 2 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 3 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

TAX INFORMATION CERTIFICATION *By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.* 6

☐ *I am subject to backup withholding* ☐ *Exempt (Exempt Payee Code _____)* ☐ *I am not a United States citizen or resident (complete W-8 form)*

☐ The business and/or its representatives **do not engage** in any cannabis industry ☐ The business and/or its representatives **do engage** in a cannabis industry. 7

ACKNOWLEDGMENT The business or organization is or applies to be a member of South Bay Credit Union ("we", "us" & "our"), and authorizes its representative(s) to *take actions* and *conduct transactions* according to our Business Service Agreement (the BSA Parts 1 & 2). The business or organization and its representative(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the BSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Charges disclosures, and which, along with *our records*, comprise the *terms* of the BSA. Part 2 has been emailed to Representative 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification, and note the beneficial owners and control person of the business or organization. We may also obtain and use credit and account reports on the business, organization or representatives to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the BSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the BSA and have no obligation to rely on any other documentation. We may change the BSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the BSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BSA. 8

1. Authority of a Representative. You agree that each representative named in Part 1 of the BSA is authorized to act on behalf of you for the accounts, products and services with us based on the designated authority and Certificate of Authority & Liability below and as explained in the Part 2 of the BSA. You understand a representative may *conduct transactions on* and *take action* to start, maintain, change, add or terminate accounts, products and services, on behalf of the business or organization. You agree we may text or call you at the mobile phone number provided above about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the account(s), product(s) and service(s) with us are for the business or organization, and that the name provided is the complete and correct name of the business or organization to be used for the account(s), product(s) and service(s) with us. Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and other authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to a representative named on Part 1 and addressed in Part 2 of the BSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business (including beneficial owners or the control person) or organization that affects the BSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business and agree to notify us before engaging in any such business in the future. You and each representative understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) representative upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the BSA. *The IRS does not require your consent to any provision of the BSA other than the certification required to avoid backup withholding* (in Section 6 above).

Representative 1 Signature | Representative 2 Signature | Representative 3 Signature

CREDIT UNION ONLY

CU Employee Name | ID Number | Membership Eligibility | ☐ Page 1 of 2 | Date 9

Additional Comments _____

Business Service Agreement

Part 1 • P2

SOUTH BAY CREDIT UNION
312 N. Pacific Coast Hwy.
Redondo Beach, CA 90277
310.374.3436
southbaycu.com

ACCOUNT(S) ☐ ☐ ☐ ☐ 2

REPRESENTATIVE(S) INFORMATION (A representative may start, *conduct transactions*, change, add and terminate an account, product or service for the business or organization.) 4

Representative 4 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 5 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 6 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

Representative 7 Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

INFORMATION USER (An information user may access information, on behalf of the business or org) 5

Information User Name | Title | Address | City | State | ZIP

Home Phone | Mobile Phone | Social Security Number | Date of Birth | E-mail Address

Driver's License - State, Number & Issue and Exp. Date | Employer/Retired From | Work Phone | Occupation/Profession | Mother's Maiden Name

ACKNOWLEDGMENT The business or organization is or applies to be a member of South Bay Credit Union ("we", "us" & "our"), and authorizes its representative(s) to *take actions* and *conduct transactions* according to our Business Service Agreement (the BSA Parts 1 & 2). The business or organization and its representative(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the BSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Charges disclosures, and which, along with *our records*, comprise the *terms* of the BSA. Part 2 has been emailed to Representative 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification, and note the beneficial owners and control person of the business or organization. We may also obtain and use credit and account reports on the business, organization, representatives and information users to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the BSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the BSA and have no obligation to rely on any other documentation. We may change the BSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the BSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BSA. 8

1. Authority of a Representative and Information User. You agree that each representative and information user named in Part 1 of the BSA is authorized to act on behalf of you for the accounts, products and services with us based on the designated authority and Certificate of Authority & Liability below and as explained in the Part 2 of the BSA. You understand a representative may *conduct transactions on* and *take action* to start, maintain, change, add or terminate accounts, products and services, and an information user may access information about accounts, products and services, on behalf of the business or organization. You agree we may text or call you at the mobile phone number provided above about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the account(s), product(s) and service(s) with us are for the business or organization, and that the name provided is the complete and correct name of the business or organization to be used for the account(s), product(s) and service(s) with us. Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and other authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to a representative and information user named on Part 1 and addressed in Part 2 of the BSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business (including beneficial owners or the control person) or organization that affects the BSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business and agree to notify us before engaging in any such business in the future. You and each representative and information user understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) representative and information user upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or accessibility of a statement, you agree to the BSA. *The IRS does not require your consent to any provision of the BSA other than the certification required to avoid backup withholding* (in Section 6 on page 1).

AMERICAN SHARE INSURANCE

Each account is insured up to $1,000,000 by American Share Insurance. By members' choice, this institution is not federally insured. The credit union is not insured by any state government.

Representative 1 Signature | Representative 2 Signature | Representative 3 Signature | Representative 4 Signature

Representative 5 Signature | Representative 6 Signature | Representative 7 Signature | TInformation User Signature

CREDIT UNION ONLY

CU Employee Name | ID Number | Membership Eligibility | This is Page 2 of the BSA Part 1 | Date 9

Additional Comments

31 CFR § 1010.230 CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

This is an optional form provided for your convenience. The required information may be provided in other formats. When completed, this form is provided to the financial institution where the account is opened. DO NOT SEND TO FinCEN.

Where may I obtain a copy of the form?

A copy (pdf) may be downloaded from the FinCEN website at www.fincen.gov under the "Filing Information" tab. The form may be completed on a computer using the free Adobe Reader software.

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 any person opening a new account 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; and (v) an introducing broker in commodities.

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 do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity's **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

(1) 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**

(2) 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 (1), 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 (1), you must provide the identifying information of one individual under section (2). 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 (2)), and up to five individuals (*i.e.*, one individual under section (2) and four 25 percent equity holders under section (1))

a legal entity may have multiple "beneficial owners," this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial

4. Name and type of Legal Entity for Which the Account is Being Opened

4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), 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 listed above. **Check here ☐ if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)

9. Address	10. City	11. State	12. ZIP/Postal Code

13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)
		15a. Country of issuance:

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, 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.

16. Last Name	17. First Name	18. M.I.	19. Date of birth (MM/DD/YYYY)

20. Address	21. City	22. State	23. ZIP/Postal Code

24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)
		26a. Country of issuance:

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of person opening account),* hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____ (MM/DD/YYYY)

Legal Entity Identifier (Optional) _____

Additional Section 1 - Second Beneficial Owner *(If required)*

Please provide the following information for an individual(s), 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 listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner *(If required)*

Please provide the following information for an individual(s), 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 listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S.persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Additional Section 1 - Fourth Beneficial Owner *(If required)*

Please provide the following information for an individual(s), 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 listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Paperwork Reduction Act Notice

Public recordkeeping burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 1506-0070. You may submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, by calling the FinCEN Resource Center at 800-767-2825 or by email at frc@fincen.gov. Alternatively, you may mail us comments at Policy Division, Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183. Please include 1506–0070 in the body of the text.

SOUTH BAY CREDIT UNION

BUSINESS ACCOUNT QUERY

To help the government fight financial crime, Federal regulation requires certain financial institutions, including banks and credit unions, to obtain, verify, and record information about the legal entity (business). 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 helps law enforcement investigate and prosecute these crimes. This form must be completed by the person opening the new account on behalf of a legal entity (business).

BUSINESS ENTITY INFORMATION

Business Name/Account Title _____

Business Tax Identification Number _____

Name and Title of Individual Opening Account on Behalf of Business Entity _____

_____

Business Address _____

NAICS / SIC Code and Category _____

BUSINESS ENTITY TYPE

☐ Sole Proprietorship ☐ Corporation ☐ LLC (Limited Liability Company) ☐ General Partnership ☐ Non-Profit Corporation

☐ Unincorporated Non-Profit ☐ LLP (Limited Liability Partnership) ☐ Association ☐ DBA (Doing Business As)

1. **Geographical area the business services are provided to customers:** ☐ Citywide ☐ Statewide ☐ Nationwide ☐ International

   If international, which countries?_____

2. **Does the business have a store front location?** ☐ Yes ☐ No

3. **Does the business conduct transactions with customers on the Internet?** ☐ Yes ☐ No

   If so, will the business be collecting payments through a third-party website, such as Paypal? ☐ Yes ☐ No

   Does the business have its own website? ☐ Yes ☐ No **Please provide web address:**_____

4. **Will anyone other than the account holder(s) be making deposits, withdrawals and/or transactions to this account?** ☐ Yes ☐ No

If yes, identify who (select all that apply).

Family Member ☐ **Employee/Personal Assistant** ☐ **Courier/Runner** ☐ **Automatic Deposits** ☐ **All Others:** _____

_____

_____

Print name(s) of authorized signer(s): _____

_____

_____

SOUTH BAY CREDIT UNION

5. Describe the nature of the business (industry, services offered and please BE SPECIFIC as to which industry and service is offered by the business).

_____

Cannabis Business Certification

☐ I certify the business does not engage in the Cannabis Industry . ☐ I certify the business does engage in the Cannabis Industry .

6. Are any of the authorized signers or principal business owners (whether signer or non-signer) a non-resident alien? ☐ Yes ☐ No

7. Are any of the authorized signers or principal business owners (whether signer or non-signer) a senior foreign political figure?

☐ Yes ☐ No

8. List all authorized signers or principal business owners (whether signers or non-signers) who are non-resident aliens, politically exposed persons, senior foreign political figures or relatives/associates of senior foreign political figures and describe the nature of their relationship: (Non-resident alien, foreign government official, foreign military official, foreign government-owned business entity, close associate, family member, other – be specific) _____

_____

_____

_____

_____

_____

_____

_____

9. Do the signer(s) have any affiliation with any other membership that currently have an account with SBCU ☐Yes ☐No

If Yes, please specify:_____

_____

_____

_____

10. Are there any additional investors owning more than 20% shares not listed as an account signer? ☐ Yes ☐ No

If so, please provide name(s) _____

_____

11. Does the business buy or sell products/services in/from countries outside the United States? ☐ Yes ☐ No

If so, what countries? _____

SOURCE OF FUNDS

12. What is the source of funds to start the business-what is the source of the start-up funds? _____

_____

13. Any "angel investors" or "silent partners" not listed above? ☐ Yes ☐ No

14. What is the primary source of funds for the business? (i.e. Rental Payments, Cash Purchases, Payment for Services Rendered, etc.)

_____

15. How will the business receive payment from its customers? ☐ Credit Card ☐ Cash ☐ Check ☐ ACH ☐ Wire ☐ Other

16. Explain how the funds deposited and withdrawn from this account will be used: _____

_____

SOUTH BAY CREDIT UNION

ANTICIPATED ACCOUNT ACTIVITY

17. Will the business have regular currency (cash) deposits and withdrawals? ☐ Yes ☐ No

Monthly currency deposits Amount $:_____

Monthly currency withdrawals Amount $:_____

18. Will the business account have regular ACH activity? ☐ Yes ☐ No

If yes, what type of ACH? ☐ Payroll ☐ Taxes ☐ Other:

Will any process of the ACH be handled by a third party vendor? ☐ Yes ☐ No If Yes, please specify:

_____

Monthly ACH Incoming Amount $:_____

Monthly ACH Outgoing Amount $:_____

19. Please indicate the average annual gross income of the business below.

☐$1 - $100,000 ☐ $100,001 - $250,000 ☐ $250,001 - $500,000 ☐ $500,001 - over

20. Please list any other source of income that may or may not be connected to this business:

_____

21. Will the business be sending or receiving wires? $_____

22. Will the business be sending or receiving wires? ☐ Yes ☐ No

Monthly Domestic Wires In Amount $: _____

Monthly Domestic Wires Out Amount $: _____

Monthly International Wires In Amount $: _____

Monthly International Wires Out Amount $: _____

If the business will be sending or receiving International Wires, please list the country or countries originating or receiving the funds:_____

_____

UNLAWFUL INTERNET GAMBLING NOTICE

Restricted transactions as defined in Federal Reserve Regulation GG are prohibited from being processed through this account. Restricted transactions generally include, but are not limited to, those in which credit, electronic fund transfers, checks, or drafts are knowingly accepted by gambling businesses in connection with the participation by others in unlawful Internet gambling. By signing below, I certify that _____ (Business Name) does not engage in unlawful gambling business activities.

SOUTH BAY
CREDIT UNION

CERTIFICATION

I, _____(name of person soliciting to open account on behalf of business), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Applicant Signature_____ Date _____

_____ _____

Print Name of Associate that Conducted Review **Signature of Associate that Conducted Review**