



PACIFIC NW

FEDERAL CREDIT UNION

Dear Business Owner,

Thank you for your interest in our Business Services Program and establishing membership with Pacific NW Federal Credit Union. This checklist has been provided to assist you through the process of gathering the necessary information for establishing membership and accounts with the credit union. Complete information will ensure proper handling of your request. Please provide the following information (as applicable):

- 1. Business Account Card and Authorization Designation
- 2. Business Authorized Signer(s) Agreement (if applicable)
- 3. Business Services Questionnaire
- 4. Sole Proprietorship/Association:
 - a. Assumed Business Name Filing (if applicable)
 - b. IRS Taxpayer Identification Number Designation or copy of Tax Return (if applicable)
 - c. Copy of Driver's License for all signers
- 5. Limited Liability Company:
 - a. Limited Liability Company Operating Agreement (signed copy)
 - b. IRS Taxpayer Identification Number Designation or copy of Tax Return
 - c. Copy of Driver's License for all signers
- 6. Corporation (For Profit, Not-for-Profit, Professional, Cooperative):
 - a. Articles of Incorporation and/or Bylaws (signed copy)
 - b. IRS Taxpayer Identification Number Designation or copy of Tax Return
 - c. Copy of Driver's License for all signers
- 7. Partnerships (General, Limited & Limited Liability):
 - a. Partnership Agreement (signed copy)
 - b. IRS Taxpayer Identification Number Designation or copy of Tax Return
 - c. Copy of Driver's License for all signers

Thank you for the opportunity to assist you with your financial needs. If we may be of any further assistance, please contact us at:



Business Account Questionnaire

The Questionnaire MUST be Completed for ALL New Business Members before opening ANY accounts.

Business/Organization Name		Tax Identification Number	
Organizational Structure (sole, LLC, etc)		Date of Incorporation / Establishment	
Physical Address		City	State Zip
Business Phone	Contact Person	E-Mail Address	

I. Business Activity

1. Are you an Agent of a Money Services Business (e.g. Sigue, Money Gram, etc.)? Yes No
 If Yes list the names of the MSBs with whom you have an agent agreement. (e.g. Sigue, MoneyGram, etc.)

Check one or all of the products/services you offer (if applicable):

Check Cashing Currency or Virtual Currency Sale & Exchange Issuer/Seller of Travel Checks, Money Orders, Negotiable Instruments

Money Transmission Sale of Stored Value Cards

2. Does the business/organization knowingly accept, in connection with internet gambling, any credit or the proceeds of credit; electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers; or checks, drafts, or any similar instructions? Yes No

3. Does the business/organization provide products or services, directly or indirectly related to the manufacturing, distribution, or dispensing of marijuana? Yes No

If you answered YES to any of the questions in section (I), note that Pacific NW Federal Credit Union DOES NOT open accounts for any entities offering these services.

II. Business Profile Questionnaire

1. Do you have additional locations? If yes, list locations: _____ Yes No

2. How many employees total across all locations? _____

3. Do you currently accept credit/debit cards? If yes, who is your merchant processor: _____ Yes No

4. Are you interested in a complimentary consultation with our Financial Advisor about additional benefits we may be able to offer to you and your employees? Yes No

5. What brought you in to the credit union today?

Friend Newspaper Phonebook Radio Billboard Other

DEPOSITS: Wire Transfers Cash Electronic Checks Other Amount Cash: _____

WITHDRAWALS: Wire Transfers Cash Electronic Checks Other Amount Cash: _____

WIRE TRANSFERS: If you engage / will engage in wire transfers, list all countries you would transfer money to and from:

COUNTRIES TO:	_____	COUNTRIES FROM:	_____
	_____		_____
	_____		_____

4. Briefly describe the nature of the business (must be specific, i.e. computer consulting, grocery store, healthcare provider etc.):

5. What kind of business accounts are you interested in opening with Pacific NW Federal CU? (L.E. payroll account, operating account, etc.):

Authorized Signature _____ Date _____



New Update Date: _____

BUSINESS ACCOUNT CARD

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER/ACCOUNT OWNER UPDATE (describe):

BUSINESS/ORGANIZATION NAME MEMBER/ACCOUNT NUMBER

OTHER TRADE OR D/B/A NAME MEMBERSHIP ELIGIBILITY

STATE ORGANIZED EIN/TIN NATURE OF BUSINESS

TYPE OF BUSINESS/ ORGANIZATION
 C Corporation Limited Liability Company (LLC) Partnership: Trust/Estate
 S Corporation Sole Proprietorship Single Member LLC
 Select Tax Classification: General Unincorporated Organization/Association
 C = C Corporation Limited Other: _____
 S = S Corporation Limited Liability
 P = Partnership

BUSINESS LICENSE NUMBER ISSUED BY ISSUANCE DATE EXPIRATION DATE

MAILING ADDRESS PHYSICAL ADDRESS

BUSINESS PHONE OTHER PHONE EMAIL ADDRESS

AUTHORIZED PERSON UPDATE (describe):

NAME SSN/TIN DATE OF BIRTH

HOME ADDRESS DRIVER'S LICENSE/PERSONAL ID NO. STATE ID ISSUED BY

TITLE /POSITION ID ISSUANCE DATE ID EXPIRATION DATE

OWNERSHIP % (IF ANY) LANDLINE/HOME PHONE CELL PHONE BUSINESS PHONE

AUTHORIZED PERSON UPDATE (describe):

NAME SSN/TIN DATE OF BIRTH

HOME ADDRESS DRIVER'S LICENSE/PERSONAL ID NO. STATE ID ISSUED BY

TITLE /POSITION ID ISSUANCE DATE ID EXPIRATION DATE

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HOME ADDRESS DRIVER'S LICENSE/PERSONAL ID NO. STATE ID ISSUED BY

TITLE /POSITION ID ISSUANCE DATE ID EXPIRATION DATE

OWNERSHIP % (IF ANY) LANDLINE/HOME PHONE CELL PHONE BUSINESS PHONE

ACCOUNT TYPE	<input type="checkbox"/> UPDATE (describe): _____		
<input type="checkbox"/> SHARE/SAVINGS: _____	<input type="checkbox"/> MONEY MARKET: _____		
<input type="checkbox"/> SHARE DRAFT/CHECKING: _____	<input type="checkbox"/> OTHER: _____		
<input type="checkbox"/> SHARE CERTIFICATE/CERTIFICATE: _____	<input type="checkbox"/> OTHER: _____		

ACCOUNT SERVICES	<input type="checkbox"/> UPDATE (describe): _____		
<input type="checkbox"/> DEBIT CARD: _____	<input type="checkbox"/> OVERDRAFT SERVICES (indicate transfer priority):		
<input type="checkbox"/> ONLINE BANKING: _____	1. _____		
<input type="checkbox"/> MOBILE BANKING: _____	2. _____		
<input type="checkbox"/> AUDIO RESPONSE: _____	3. _____		

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

1. *The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and*
2. *The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and*
3. *The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the law s of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
4. *The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Checking the box serves to strike out the language related to underreporting. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a separate W-8 form is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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AUTHORIZATION

By signing or otherwise authenticating, the undersigned, on behalf of the Account Owner, acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, additional documents and disclosures the Credit Union has provided, and to any amendments the Credit Union may make from time to time, which are applicable to the accounts and services requested herein. The undersigned also agree(s) that the information contained on this document is accurate, that any information updates identified on this Business Account Card amend all previously authenticated Business Account Card(s), and that such updates are subject to the terms and conditions of the applicable disclosures noted herein.

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

Signature	Date
X	
(Seal)	

Signature	Date
X	
(Seal)	

TITLE:

TITLE:

Signature	Date
X	
(Seal)	

Signature	Date
X	
(Seal)	

TITLE:

TITLE:

FOR CREDIT UNION USE ONLY

MEMBERSHIP EFFECTIVE DATE	OPENED/APPROVED BY	MEMBER VERIFICATION
ENTITY FORMATION DOCUMENTS REVIEWED BY		
COPIES OBTAINED		
<input type="checkbox"/> CORPORATE RESOLUTION	<input type="checkbox"/> ARTICLES OF INCORPORATION/ORGANIZATION	<input type="checkbox"/> OPERATING AGREEMENT
<input type="checkbox"/> PARTNERSHIP AGREEMENT	<input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS	<input type="checkbox"/> FINANCIAL STATEMENTS
<input type="checkbox"/> OFAC/SDN LIST CHECKED	<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> OTHER: _____
DATE CHECKED: _____	CHECKED BY: _____	

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

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: (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.

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?

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 (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. who also holds a 30% 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)).

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.

CONTINUE TO THE FOLLOWING PAGE

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information.

a. Name and Title of Natural Person Opening Account:

NAME	TITLE
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b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

NAME	TYPE	ADDRESS
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c. 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 "Beneficial Owner Not Applicable" below and skip to the next section. Beneficial Owner Not Applicable**BENEFICIAL OWNER 1**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 2

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 3

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 4

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

d. The following information for one individual with significant responsibility for managing the legal entity listed above, 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 appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as 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.

CERTIFICATION SIGNATURE

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

Signature	Date
X	(Seal)



Authorization Designation

Member/Account Number: _____

_____ ("Business/Organization")

Location of principal office _____

State of organization (if applicable) _____

FORM OF ORGANIZATION

- | | | | | |
|-----------------|--|--|--|--|
| Type of Entity: | <input type="checkbox"/> C Corporation | <input type="checkbox"/> LLC (Limited Liability Company) | <input type="checkbox"/> Partnership: | <input type="checkbox"/> Unincorporated Organization |
| | <input type="checkbox"/> S Corporation | Select Tax Classification: | | <input type="checkbox"/> Association/Club |
| | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> C = C Corporation | <input type="checkbox"/> General | <input type="checkbox"/> Trust/Estate |
| | | <input type="checkbox"/> S = S Corporation | <input type="checkbox"/> Limited | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> P = Partnership | <input type="checkbox"/> Limited Liability | |

The following authorizations are attached to and are a part of this document:

Authorization for Share/Deposit Accounts

Dated: _____

ADOPTION BY VOTE OF GOVERNING MEMBERS

Note: Do not execute this section if organized as a sole proprietorship, partnership or limited liability company. The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.

Signature Date

ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING MEMBERS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the members vested with authority to make decisions on behalf of the Business/Organization and that no member with decision making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

_____ Name (Print)	_____ Signature	_____ Date
_____ Name (Print)	_____ Signature	_____ Date
_____ Name (Print)	_____ Signature	_____ Date
_____ Name (Print)	_____ Signature	_____ Date

Execute one section only.

Authorization for Share/Deposit Accounts

WHEREAS on this _____ day of _____ it has been determined that it is in the best interest of Business/Organization to establish a membership in and depository relationship with **Pacific NW Federal Credit Union** ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at Credit Union.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization;

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) designated as an Authorized Person to establish a depository relationship with Credit Union and is (are) authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Authorized Person(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of at least _____

Authorized Person(s) with respect to share or deposit accounts must appear on the appropriate document. *(The signature of only one (1) Authorized Signer is required if the foregoing blank is not completed.)*

Authorized Person(s) for Share/Deposit Accounts

_____ Name (Print)	_____ Title	Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to	_____ Date
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_____ Name (Print)	_____ Title	Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to	_____ Date
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_____ Name (Print)	_____ Title	Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to	_____ Date
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_____ Name (Print)	_____ Title	Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to	_____ Date
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BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Share/Deposit Accounts:

- Is the first Authorization for Share/Deposit Accounts presented to the Credit Union.
- Expressly revokes and replaces any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.
- Supplements any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union

(If none of the above boxes are checked the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Share/Deposit Accounts that may be on file.)