

Insured by NCUA

Business Account Application & Signature Card – For:

Multi-Member Limited Liability Companies

(Credit Union	Use	Only
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	,,
Account#	Date
New Account Update Respon Signers, or Ber	sible Individual, Authorized

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the financing of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** When you open an account for the herein named business, we will ask for the name of the business and other information that will allow us to identify its existence. We may also ask for personal information about you, the owners of the business, or any person designated as a signatory upon the account by resolution. The information we request for individuals may include name, address, date of birth, social security number, and other information that will allow us to identify those persons. We may also ask to see a driver's license or other identifying documents.

SECTION A: APPLICATION & BUSINESS INFORMATION

To Open an LLC Business Account with Dow Credit Union, the following are required.

- 1. The business must be legally formed and operating under Michigan law. Operating Agreement and Business legal documents may be requested.
- 2. The LLC must be headquartered in Michigan and In Good Standing with the Michigan Department of Licensing and Regulatory Affairs.
- 3. All account signers and Beneficial Owners must provide current state or government issued identification.

Business Name	DBA Name (if applicable)			
Business Physical Address (No PO Box)	City	State	ZIP	Date Business Established
Business Mailing Address (if different than physical address)	City	State	ZIP	Business Phone

RESPONSIBLE INDIVIDUAL INFORMATION – The Responsible Individual named in LLC Operation Agreement will have access to all shares and loans, as well as the authority to conduct transactions, make changes to the account structure, appoint Authorized Signers, add or remove services, and close the account. The Responsible Individual maintains the responsibility of monitoring all transactions conducted by Authorized Signers.

account. The responsible ma	ividual iriali itali is ti ic	responsibility of morntonin	g an transactio	ns conducted	u by A	uli ionizca c	ngricis.	
Responsible Individual Name		Work Phone				Cell Phone		
Physical Home Address ((No PO Box)		City	Sta	ate	ZIP	Home Phone	
SSN Birth Date Primary Employ		Primary Employer	/er			Primary Occupation		
Email Address	•		Issue VISA	Debit Card*	?	Yes	No	
			*Debit Cards	s are only iss	sued c	n accoun	ts that have a checking account.	

Online Banking and Primary Contact Designation – Access Rights: Online Banking access may be retained by the Responsible Individual or assigned to one Authorized Signer. User must complete the enrollment through the Online Banking Mobile App or Online.

- Online Banking access and registration are linked to the phone number and email address of the designated individual.
- This designated individual will also serve as the primary contact for Dow Credit Union regarding any account-related information.

Select 1: Responsible Individual Retains Online Banking Access -OR- Designate 1 Online Banking Access on Section B: Authorized Signers

LLC's Employer ID Number (EIN):

Enter the tax classification (C = C corporation, S = S corporation, P = P artnership):

TAX CERTIFICATIONS FOR THE LLC APPLICANT: Under penalties of perjury, the undersigned certifies that (1) the Taxpayer Identification Number (TIN) shown on this form is the correct TIN of the business or other entity applying for membership and services (2) the entity 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 business that it is no longer subject to backup withholding; (3) this is a U.S. entity or U.S. person; (4) the entity is exempt from FATCA reporting.

Check Here if you have been notified by the IRS that the LLC is currently subject to backup withholding.

The undersigned acknowledges that the following is a true representation of resolutions as further described herein:

RESOLVED, that this business is hereby authorized to apply for membership, to deposit funds into accounts in Dow Credit Union and to agree to be bound by the terms and conditions of any such account opened with the Credit Union. FURTHER RESOLVED, that until further written notice, the Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any one of the persons whose names and titles appear in the "Authorized Signature" section of the Business Account Application & Signature Card. FURTHER RESOLVED, that the Credit Union is authorized to accept a pledge of all or any part of said account as security for any obligation owed to it by this business, which shall be executed by any of the same authorized signers. FURTHER RESOLVED, that every authorization previously granted to the Credit Union with respect to the accounts owned by this business or entity is revoked and rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior

to the adoption of these resolutions are hereby ratified and confirmed. Further that every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is provided with a new appropriately authorized Business Account Application and Signature Card.

FURTHER RESOLVED, that the signature set opposite the respective titles below are genuine and that the person whose signature appear on the authorization were incumbents of the office/positions of the business set opposite their respective signature(s) on the date indicated.

FURTHER RESOLVED, that the above resolutions do not conflict with or contravene the creation or governing documents of the business.

CREDIT BUREAU CONSENT. By signing below I am consenting for Dow Credit Union to check my credit and employment plus answer any question regarding my credit experience with you

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

Responsible Individual Signature

Date

SECTION B: AUTHORIZED SIGNERS

Authorized Signer: Has access to all shares and loans and authority to conduct transactions on behalf of the business or organization. Unless they separately agree to be held liable, the Authorized Signer(s) **will not be personally liable** for the obligations created by the business' account. Each Authorized Signer will have access to all deposit accounts in the Business Account and may request a Debit Card at any time.

Authorized Signers <u>must also sign to accept Authorized Signer</u> role.

Authorized Signer 1 Na	ame			Work Phone	ext		Cell Phone
Physical Home Addres	s (No PO Box)		City	1	State	ZIP	Home Phone
SSN	Birth Date	Email Addre	ss			I	Issue VISA Debit Card? Yes No
Primary Employer	1	F	Primary	y Occupation	Onli	ne Banking	& Primary Contact Designation
Authorized Signer 1 Signa	ature:					Date:	
Authorized Signer 2 Na	ame			Work Phone	ext		Cell Phone
Physical Home Addres	s (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Addre	ss			L	Issue VISA Debit Card? Yes No
Primary Employer		ı	Primary	y Occupation	Onli	ne Banking	& Primary Contact Designation
Authorized Signer 2 Signa Authorized Signer 3 Na				Work Phone		Date:	Cell Phone
				Work Phone	ext		Cell Phone
Physical Home Addres	ss (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Addre	Email Address				Issue VISA Debit Card? Yes No
Primary Employer Prim		Primary	Online Banking & Primary Contact De			& Primary Contact Designation	
Authorized Signer 3 Signa	ature:					Date:	
Authorized Signer 4 Na	ame			Work Phone	ext		Cell Phone
Physical Home Addres	s (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Addre	ss			I	Issue VISA Debit Card? Yes No
Primary Employer	•		Primar	y Occupation	Onli	ne Banking	& Primary Contact Designation
		1					

I hereby certify that I am the Responsible Individual for the above-name Business, and I hereby make the following authorizations and representations: Until further notice, the Credit Union shall be authorized to pay withdrawals as requested, by draft or otherwise, by any one of the persons whose name and titles appear in the "Authorized Signers" section on which this certification and Authorization appears as authorized signers. Every authorization previously granted to the Credit Union with respect to the accounts owned by this business is revoked or rescinded. However, the authority given hereby is retroactive, and any acts referred to which were performed by an authorized signer(s) prior to the date of my signature below are hereby ratified and confirmed. Every authorization granted to the Credit Union with respect to this account shall remain in full force and effect until the Credit Union is notified in writing to the contrary. The signature(s) set opposite the respective titles in this document are genuine and the person(s) whose signature(s) appear in the authorization held the positions indicated on the date of my signature below.

SECTION C: Deposit Products and Services Elections

Account information and details about the Products and Services may be found in the Business Account Agreement and Disclosures.

Prime Share Savings Account: This product is required for all accounts. A \$5 membership deposit is required upon Account Opening.

Checking (required Order Check	if Debit Card is desired) s	Stateme	ents, Notices, and T Electronic Paper (a \$3 mont	Premium High Yield Simple High Yield			
understanding, relationship	Please provide informati or otherwise, <u>owns 25%</u>	on for <u>each</u> or more in t	individual, if any, where the equity interest of t	ho directly he legal er	ntity prov	ided in Sec	
All Beneficial Owners must p Beneficial Owner 1 Name		Ownership	Home Phone	r (e.g. another company), reques			SSN
Physical Home Address	(No PO Box)	%	City		State	ZIP	Birth Date
Beneficial Owner 2 Name		Ownership %			ell Phon		SSN
Physical Home Address	(No PO Box)		City	l	State	ZIP	Birth Date
Beneficial Owner 3 Name		Ownership %	Home Phone	C	Cell Phone		SSN
Physical Home Address	(No PO Box)	-	City	ı	State	ZIP	Birth Date
Beneficial Owner 4 Name	9	Ownership %	Home Phone	Cell Phone			SSN
Physical Home Address	(No PO Box)	,,	City	1	State	ZIP	Birth Date
in Section A of this applicat Officer, Managing Member, C	tion, such as: An executi General Partner, Presider ponsible Individual is th	ve officer or s nt, Vice Presid	senior manager (e.g. dent or Treasurer), or a	Chief Exection Expension Chief Exection Controller Cont	cutive Off ndividual	icer, Chief F who regular	managing the legal entity list Financial Officer, Chief Operati ly performs similar functions. Cell Phone
Di selectitema Adduses	(1) 50 5)				ext	-ID	H Bloom
Physical Home Address	(No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Addre	ess		1		* Controller <u>must</u> <u>provide valid ID</u> .
	o agree to notify Dow C						n and Controller Designation Beneficial Owner Certificatio
Responsible individual Sign	ature			Date			
MEMBERSHIP OFFICER: NOTES:			DFFICE USE ONLY DATE:	STAFF US	SER#:		DATE:

SECTION E: Business Account Usage

Dow Credit Union uses this questionnaire to understand the nature and purpose of business member relationships, helping assess risk and comply with Bank Secrecy Act regulations. The Responsible Individual signing this form is attesting that they are providing the best estimates of how the account will be used. If your actual account usage differs from the information provided, we may ask you to provide reasons for the discrepancies.

Location of business headquarters (City/State):

Describe the nature of your business:

Does your business provide any of the following services?

N/A

Money Service Business including any of the following services:

- Own or Maintain an ATM
- Check Cashing
- · Exchange Foreign Currency
- · Sell, Issue, or Redeem traveler's checks, money orders of prepaid cards
- Provide Remittance Services for customers to send money internationally
- · Pay for services or goods in Crypto Currency
- · Accept payments from Crypto Currency

Marijuana Related Business: Tier 1, 2, or 3

Operate Casino or Gambling related business

Internet Gambling - Check if any portion of the business income comes from Internet Gambling

Precious metals, stones, or jewels (with purchases or sales of more than \$50,000 per year)

Pawn Brokerage

or Select all that apply below

Weapons, Firearms, Ammunition

Embassy, Foreign Consulate or Foreign Mission

Which of the following will your account(s) be used for? Select all that apply

General Operating Funds: The account is used to manage receivables and payments and hold long-term deposits savings in products such as certificates of deposit.

Credit Card Processing: The account will be using Merchant Services, which enables businesses to accept customers' credit and debit card payments by depositing funds to the merchant's credit union account.

Lottery: The business has licensing for the purpose of administering lottery sales at the business and will use the account for transfers and sales of lottery items and distributions

Postage Remittance: Applicable if the account is solely used to manage postage related expenses.

Check if you will be using a Safe Deposit Box at Dow Credit Union? If checked, complete separate Business Account Safe Deposit Box Application.

Payroll: The account will be used to distribute payments to employees for wages.

Private Banking: The account will be used for Private Banking services. In a typical Private Banking business, a relationship manager provides banking services including trust, lending, investment advice, estate planning, and deposits - tailored for clients.

Pooled Investment Vehicle: The account will be used as a "pooled fund" investment account created by pooling money from multiple investors, where each investor owns a proportional share of the overall fund's holdings. (If selected answer below)

Check if the pooled investment vehicle is operated or advised by an Excluded Financial Advisor or Institution. An excluded financial advisor is not subject to the regulations and requirements typically applied to investment advisors.

Equipment Purchase or Lease (If selected answer below)

Check if the account is solely used to finance the purchase or leasing of equipment for which payments are made directly by the financial institution to the vendor or lessor of this equipment.

Insurance Premiums: To pay Insurance Premiums. (If selected answer below)

Check if the account will be solely used to finance insurance premiums, for which payments are remitted directly by the financial institution to the insurance provider or broker?

Private-label Credit Card (PLCC):

Account will be used by the business to facilitate PLCC services. PLCCs do not carry a credit card network logo such as Visa or Mastercard and generally are not accepted by other merchants.

Check if your business acts as a PROFESSIONAL SERVICE PROVIDER?

A professional service provider acts as an intermediary between its client and the bank. Professional service providers include lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients. These providers may conduct financial dealings for their clients. For example, an attorney may perform services for a client or arrange for services to be performed on the client's behalf, such as settlement of real estate transactions, asset transfers, management of client monies, investment services, and trust arrangements.

Check if you provide services that qualify your business as a NON-BANK FINANCIAL INSTITUTION?

A non-bank financial institution (NBFI) is a financial institution that does not have a full banking license and cannot accept deposits from the public. However, NBFIs do facilitate alternative financial services, such as investment (both collective and individual), risk pooling, financial consulting, brokering, money transmission, and check cashing. NBFIs are a source of consumer credit (along with licensed banks). Examples of nonbank financial institutions include insurance firms, venture capitalists, currency exchanges, some microloan organizations, and pawn shops.

CHARITABLE or NONPROFIT INCOME? Check if you depend, in whole or in part, on charitable donations and voluntary service for support.

Check if you have donors or volunteers from non-US countries. If selected, complete fill-in blank below.

In what countries are your donors or volunteers located?

Check if you provide BULK SHIPMENTS OF CURRENCY.

Check if your company offers courier or armored car services to ship currency on your customers' behalf.

CASH SERVICES:	CHECK SERVICES:			
Approximately how much cash will you transact each month?	Approximately what is the expected monthly check transaction total?			
<u>DEPOSITS</u> <u>WITHRAWALS</u>	<u>DEPOSITS</u> <u>WITHRAWALS</u>			
N/A	N/A			
\$0-\$1,000	\$0-\$1,000			
\$1,000-\$5,000	\$1,000-\$5,000			
\$5,000 - \$10,000	\$5,000 - \$10,000			
\$10,000-20,000	\$10,000-20,000			
\$20,000-\$50,000	\$20,000-\$50,000			
\$50,000-\$100,000	\$50,000-\$100,000			
\$100,000-\$200,000	\$100,000-\$200,000			
\$200,000-500,000	\$200,000-500,000			
\$500,000-\$1,000,000	\$500,000-\$1,000,000			
\$1,000,000-\$2,000,000	\$1,000,000-\$2,000,000			
More than \$2,000,000	More than \$2,000,000			
Check if you will be using a courier or armored car service to	Check if you will be depositing check remotely using Online Banking			
complete your cash transactions.	Remote Deposit Capture.			
ATM SERVICES	ELECTRONIC PAYMENT (non-wire) TRANSFER SERVICES:			
ATTI SERVICES	(examples: ACH, international ACH, RTP, FedNow, etc)			
Approximately what are the expected monthly ATM transaction totals?	Approximately what are the expected monthly Electronic payment totals?			
DEPOSITS WITHRAWALS	DEPOSITS WITHRAWALS			
N/A				
N/A	N/A			
\$0-\$1,000 \$1,000-\$5,000	\$0-\$1,000 \$1,000-\$5,000			
\$5,000 - \$10,000	\$5,000 - \$10,000			
\$10,000 E0,000	\$10,000-20,000			
720,000 730,000	\$20,000-\$50,000 \$50,000-\$100,000			
φ30,000 φ200,000				
\$100,000-\$200,000	\$100,000-\$200,000 \$200,000-500,000			
\$500,000-\$1,000,000	\$500,000-\$1,000,000			
\$1,000,000-\$2,000,000	\$1,000,000-\$2,000,000			
More than \$2,000,000	\$1,000,000-\$2,000,000 More than \$2,000,000			
Niore trair \$2,000,000	' ' '			
	Check if you will receive electronic payments from non-US locations List the countries from which you expect to receive electronic payments			
WIRE TRANSFER SERVICES: Approximately what are the expected monthly ATM transaction totals?	Check if you will receive wire transfers from non-US locations List the countries from which you expect to receive wire transfers:			
DEPOSITS WITHRAWALS				
N/A				
\$0-\$1,000				
\$1,000-\$5,000	Check if you will send wire transfers to non-US locations			
\$5,000 - \$10,000	List the countries you expect to send wire transfers:			
\$10,000-20,000				
\$20,000-\$50,000				
\$50,000-\$100,000				
\$100,000-\$200,000				
	Printed Name of Responsible Individual:			
\$200,000-500,000				
\$200,000-500,000 \$500,000-\$1,000,000				