

dowcreditunion.org

Insured by NCUA

Business Account Application & Signature Card – For:

Single-Member Limited Liability Companies

(Credit	Union	Use	Only)
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(Sidult Simoli See Sim)	,
Account#	Date
New Account	
Update Responsible I	ndividual, Authorized
Signers, or Beneficial	Owners

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 must provide current state or government issued identification.

Business Name		DBA Name	DBA Name (if applicable)			
Business Physical Addre	ss (No PO Box)		City	State	ZIP	Date Business Established
Business Mailing Addres	s (if different than p	hysical address)	City	State	ZIP	Business Phone
as well as the authority to c	onduct transactions	s, make changes to th	ne account struct	ure, appoint Auth nitoring any trans	orized Sig	nave access to all shares and loans, iners, add or remove services, and onducted by Authorized Signers.
Oligie Wellber Halle			VOIKTHOR	ext		Cen't none
Physical Home Address	(No PO Box)		City	State	ZIP	Home Phone
SSN	Birth Date	Primary Emplo	yer		Primary	Occupation
Email Address	I	I	Issue VISA	Debit Card?	Yes	No
			Debit Cards	are only issued o	n account:	s that have a checking account

Online Banking and Primary Contact Designation – Access Rights: Online Banking access may be retained by the SINGLE MEMBER 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 one: Single Member Retains Online Banking Access -OR- Designate one Online Banking Access on Section B: Authorized Signers

Which Tax Identification Number will be used for IRS reporting?: Single member SSN (listed above)

EIN: Enter tax classification (C = C corp, S = S corp, P = Partnership):

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 N	ame			Work Phone	ext		Cell Phone
Physical Home Addres	ss (No PO Box)		City	1	State	ZIP	Home Phone
SSN	Birth Date	Email Add	Email Address			I	Issue VISA Debit Card? Yes No
Primary Employer			Primary	Occupation	Onli	ne Banking	& Primary Contact Designation
Authorized Signer 1 Sign	ature:					Date:	
Authorized Signer 2 N	ame			Work Phone	ext		Cell Phone
Physical Home Addres	ss (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Add	ress			L	Issue VISA Debit Card? Yes No
Primary Employer		-	Primary	Occupation	pation Online Banking & Primary Contact Desig		
Authorized Signer 2 Sign Authorized Signer 3 N				Work Phone		Date:	Cell Phone
				Work Frione	ext		Gen'i none
Physical Home Addres	ss (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Add	ress		•		Issue VISA Debit Card? Yes No
Primary Employer			Primary	Occupation	Onli	ne Banking	& Primary Contact Designation
Authorized Signer 3 Sign	ature:					Date:	
Authorized Signer 4 N	ame			Work Phone	ext		Cell Phone
Physical Home Addres	ss (No PO Box)		City	I	State	ZIP	Home Phone
SSN							
3314	Birth Date	Email Add	ress				Issue VISA Debit Card? Yes No
Primary Employer	Birth Date	Email Add		Occupation	Onli	ne Banking	

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 if Debit Card is desired) Order Checks	Statements, Notices, and Tax Forms Delivery Electronic Paper (a \$3 monthly fee will be applied)	Premium High Yield Simple High Yield
	10 . 11 5	

SECTION D: Beneficial Owner Certification and Controller Designation

BENEFICIAL OWNERS: Please provide information for <u>each</u> individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, <u>owns 25% or more</u> in the equity interest of the legal entity provided in **Section A** of this application.

All Beneficial Owners must provide valid ID. If there is a Legal Entity Beneficial Owner (e.g. another company), request Legal Entity Owner Addendum

Beneficial Owner 1 Name	Ownership	Home Phone	Cell Phone	SSN
	%			
Physical Home Address (No PO Box)		City	State ZIP	Birth Date
Beneficial Owner 2 Name	Ownership %	Home Phone	Cell Phone	SSN
Physical Home Address (No PO Box)	76	City	State ZIP	Birth Date
Beneficial Owner 3 Name		Home Phone	Cell Phone	SSN
Physical Home Address (No PO Box)	%	City	State ZIP	Birth Date
Beneficial Owner 4 Name	Ownership	Home Phone	Cell Phone	SSN
	%			
Physical Home Address (No PO Box)	•	City	State ZIP	Birth Date

CONTROLLING INTEREST: Complete the following information for <u>one</u> individual with **significant responsibility for managing the legal entity listed in Section A** of this application, such as: An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operation Officer, Managing Member, General Partner, President, Vice President or Treasurer), or any other individual who regularly performs similar functions.

Check Here if the Responsible Individual is the Controller (If selected don't fill out Controller Info below)

Controller Name and	l Title			Work Phone			Cell Phone
Physical Home Addr	ess (No PO Box)		City		State	ZIP	Home Phone
SSN	Birth Date	Email Add	ress		•		* Controller <u>must</u> provide valid ID.

By signing below, I hereby certify that the information provided herein Section D Beneficial Owner Certification and Controller Designation is complete and correct. I also agree to notify Dow Credit Union of any change in the Information provided in this Beneficial Owner Certification.

Responsible Individual Signature	Date
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	OFFICE USE	ONLY		
MEMBERSHIP OFFICER:	DATE:	STAFF USER#:	DATE:	
NOTES:				

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	
nya.	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	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	