

- Business License (if applicable)
- Tax ID (FEIN) or Employer ID Number
- Legal Documents for Establishing the Business
- List of Current Officers, Directors, or Governing Members
- Valid Driver's License (Each Governing Member)
- Valid Driver's License (Each Authorized User)

Business Account Application

Notice: Providing this information will help us better meet your needs and our responsibilities under the USA PATRIOT Act and similar laws.

Business Information:

Business / Organization Name		D/B/A (if different)	Tax ID / FEIN or SSN
Nature of the Business	Source of Funds	Years in Business	
Type of Business Account	<input type="checkbox"/> Normal Business Account <input type="checkbox"/> Payroll Account <input type="checkbox"/> Operations Account <input type="checkbox"/> Charitable Account <input type="checkbox"/> Other _____		
Form / Type of Organization	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Limited Liability Company (LLC) <small>↳ Indicate Tax Classification</small> <input type="checkbox"/> C - C Corporation <input type="checkbox"/> S - S Corporation <input type="checkbox"/> P - Partnership <input type="checkbox"/> Partnership <small>↳ Indicate Partnership Type</small> <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Limited Liability <input type="checkbox"/> Unincorporated Organization <input type="checkbox"/> Association or Club <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Other _____		
Business Address of Primary Office		Mailing Address (if different)	
City and State of Organization	Main Business Phone Number	() -	
How did you hear about us today? Please check all that apply.			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Billboard <input type="checkbox"/> Online <input type="checkbox"/> Lobby <input type="checkbox"/> SEG Group <input type="checkbox"/> Other _____			

Governing Members:

Please have all governing members with decision making authority print their name, sign, and date below.

1 st User's Name	1 st User's Title	3 rd User's Name	3 rd User's Title
1 st User's Address	1 st User's Phone	3 rd User's Address	3 rd User's Phone
Sign and Date	/ /	Sign and Date	/ /
2 nd User's Name	2 nd User's Title	4 th User's Name	4 th User's Title
2 nd User's Address	2 nd User's Phone	4 th User's Address	4 th User's Phone
Sign and Date	/ /	Sign and Date	/ /

Personalize Your Account:

What is your first preferred method of contact?

- US Mail E-Mail Phone

Account Password: Choose a unique password.	Overdraft Protection: <input type="checkbox"/> No <input type="checkbox"/> Yes	Will you be depositing/withdrawing large cash transactions? If you are dealing with large amounts of cash, Four Seasons FCU can make accommodations to help you with your financial activity. <input type="checkbox"/> No <input type="checkbox"/> Yes
Accounts you would like:	Courtesy Pay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Will you be purchasing monetary instruments (Money Orders, CU Checks, etc.) on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Savings Account - Required for Membership <input type="checkbox"/> Secondary Savings Account <input type="checkbox"/> Christmas Club Account <input type="checkbox"/> Certificate Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Safe Deposit Box	Fast Track: Access your account 8 times per month for FREE by phone. <input type="checkbox"/> No <input type="checkbox"/> Yes Fast Track PIN: What should your 4 digit access PIN be for Fast Track? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Will you be sending or receiving wires (of any kind) on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes Will the account be engaged in internet gambling activities of any kind? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Debit Card: Requires a Checking Account <input type="checkbox"/> No <input type="checkbox"/> Yes	Direct Deposit / Automatic Debit Services: Do you plan on using Direct Deposit, Payroll Deduction, or any kind of Automatic Monthly Draft from your Checking Account? <input type="checkbox"/> No <input type="checkbox"/> Yes

Money Service Business:

I understand that Four Seasons Federal Credit Union does not allow accounts to be used for money service business. If it is determined by Four Seasons Federal Credit Union that my business appears to be a money service business, now or in the future, the account may be closed without further recourse on my part.

Sign and Date	/ /
---------------	-----

Authorized Users for Account(s): List all authorized users with transactional authority. Please use the section below for each user.

1 st User's Name		Title		Account Limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes
1 st User's Limitations				
2 nd User's Name		Title		Account Limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes
2 nd User's Limitations				
3 rd User's Name		Title		Account Limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes
3 rd User's Limitations				
4 th User's Name		Title		Account Limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes
4 th User's Limitations				

Authorized User Information: All individuals named above as an Authorized User must complete this section.

Your signature(s) below signify your request(s) to open an account with us and gives us the authority to verify your identity, prior financial history, employment reference(s), and membership eligibility through credit reporting agencies and any other third party sources available to the credit union. Your signature(s) and valid identification are required on our Business Account Card and Authorization Designation Card to complete this new account request.

Authorized User 1	FIRST NAME	MIDDLE INITIAL	LAST NAME		Social Security Number	-	-
	Position	Date of Birth		/	/	Driver's License State	Driver's License Number
	Home Mailing Address				City State Zip Code		
	Home Phone () -	Cell / Mobile Phone () -	Business Phone () -				
	Signature and Date acknowledging this information is correct.					Today's Date / /	

Authorized User 2	FIRST NAME	MIDDLE INITIAL	LAST NAME		Social Security Number	-	-
	Position	Date of Birth		/	/	Driver's License State	Driver's License Number
	Home Mailing Address				City State Zip Code		
	Home Phone () -	Cell / Mobile Phone () -	Business Phone () -				
	Signature and Date acknowledging this information is correct.					Today's Date / /	

Authorized User 3	FIRST NAME	MIDDLE INITIAL	LAST NAME		Social Security Number	-	-
	Position	Date of Birth		/	/	Driver's License State	Driver's License Number
	Home Mailing Address				City State Zip Code		
	Home Phone () -	Cell / Mobile Phone () -	Business Phone () -				
	Signature and Date acknowledging this information is correct.					Today's Date / /	

Authorized User 4	FIRST NAME	MIDDLE INITIAL	LAST NAME		Social Security Number	-	-
	Position	Date of Birth		/	/	Driver's License State	Driver's License Number
	Home Mailing Address				City State Zip Code		
	Home Phone () -	Cell / Mobile Phone () -	Business Phone () -				
	Signature and Date acknowledging this information is correct.					Today's Date / /	

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
------	-------

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

NAME	TYPE	ADDRESS
------	------	---------

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	