

# Business Application Checklist

To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete, unsigned, or illegible applications will result in delays.**
2. Include true copies of the required identification (see below) **for anyone who is not currently a DCU member**. Provide two (2) of the following forms of identification. One must include a picture and one must reflect your current address.

- Valid US Driver's License
- US Social Security Card
- Passport
- Utility Billing Statement
- US Military ID
- US Work Visa
- Other Picture ID Issued by US Federal, State, or Local Government

**\*\*DCU reserves the right to require additional information.**

3. Social Security Number or ITIN (Individual Taxpayer Identification Number) is required for all applicants.
4. You must provide a minimum deposit of at least \$5.00 to a Primary Savings Account to open your membership.
5. Return your application, check (if applicable), and copies of your identification:

**a.** Mail to:

**Digital Federal Credit Union**  
New Accounts Department  
PO Box 9130  
Marlborough, MA 01752-9130

**Application submission via standard mail will increase processing time.**

**b.** Fax to **508.463.1369**

**c.** Email to **specializedaccounts@dcu.org**

**NOTE: Emails sent to us at the email address listed here are not encrypted, so you should not use this email address to send account numbers or other personal information.**

## What You Can Expect

We will begin to review your application within 3-5 business days of receipt. If your application is approved, you will receive the following within 7-10 business days of approval:

- Your new membership card.
- Your New Member Welcome Kit.
- Your DCU PIN (Personal Identification Number).
- Your DCU Visa® Debit Card or ATM Card, if one was ordered.

# Required Business Documentation

## Sole Proprietorship

A **sole proprietorship** is a business structure where one person owns and runs an unincorporated business.

### Required Documentation:

- Business Certificate - Documentation from the State/City/Town showing the registration of the Business Name
- EIN (employer identification number) letter from the IRS if not using the Sole Proprietor's SSN (social security number)

### Who is on a Sole Proprietorship Membership:

- Sole Proprietor: primary account manager
- Authorized Signatory: able to perform transactions on authorized accounts

## LLC (Limited Liability Company)

A **LLC** is a business structure that offers limited liability protection and pass-through taxation.

### Required Documentation:

- State Filings - Articles of Organization
- EIN (employer identification number) letter from the IRS

### Who is on a LLC Membership:

- Managing Member: primary account manager
- Additional Member: additional account manager
- Authorized Signatory: able to perform transactions on authorized accounts

## Corporation

A **corporation** is a legal entity created by individuals, stockholders, or shareholders with the purpose of earning a profit.

### Required Documentation:

- State Filings - Articles of Incorporation
- EIN (employer identification number) letter from the IRS

### Who is on a Corporation Membership:

- Executive Officer: primary account manager
- Additional Officer: additional account manager
- Authorized Signatory: able to perform transactions on authorized accounts

## LLP (Limited Liability Partnership)

A **LLP** is a type of general partnership that combines the benefits of a company's limited liability with the flexibility of a partnership.

### Required Documentation:

- State Filings - Articles of Organization
- EIN (employer identification number) letter from the IRS

### Who is on a LLP Membership:

- Managing Partner: primary account manager
- Additional Partner: additional account manager
- Authorized Signatory: able to perform transactions on authorized accounts

## Partnership

A **partnership** is a business structure where two or more people combine their resources to form a business and share its profits, losses, and risks.

### Required Documentation:

- State Filings - Partnership Certificate
- EIN (employer identification number) letter from the IRS

### Who is on a Partnership Membership:

- Managing Partner: primary account manager
- Additional Partner: additional account manager
- Authorized Signatory: able to perform transactions on authorized accounts

## Sole Member LLC (Limited Liability Company)

A **sole member LLC** is a business structure that offers limited liability protection and pass-through taxation.

### Required Documentation:

- State Filings - Articles of Organization
- EIN (employer identification number) letter from the IRS  
if not using the Sole Proprietor's SSN (social security number)

### Who is on a LLC Membership:

- Managing Member/Sole Member: primary account manager
- Authorized Signatory: able to perform transactions on authorized accounts

**Misplace your EIN? Go to [www.IRS.gov](http://www.IRS.gov), and search "Misplace Your EIN" or call 800.829.4933.**

# DCU Membership Eligibility



For the purposes of this Application the following individuals who are not already current DCU members are considered within DCU's field of membership and eligible to join through one of the following options:

**1. Eligibility by family relationship to a current DCU member**

- Relatives of DCU members are eligible to join if they are spouses, domestic partners, children, grandchildren, parents, grandparents or siblings (including adoptive, in-law, and step relationships).

**2. Eligibility by company you work for or retired from**

- You currently work for or are retired from a company in our list of participating employers.
- The current list of participating companies is available online at: [dcu.org/about/membereligibility.html](https://dcu.org/about/membereligibility.html) under the **Participating Employers** section.

**3. Eligibility by organization you belong to**

- You currently belong to or join an organization whose members we serve.
- The current list of participating organizations is available online at: [dcu.org/about/membereligibility.html](https://dcu.org/about/membereligibility.html) under the **Participating Organizations** section.

**4. Eligibility by community**

- You are automatically eligible to join DCU if you live, work, worship, or attend school in one of the communities in our list.
- The current list of participating communities is available online at: [dcu.org/about/membereligibility.html](https://dcu.org/about/membereligibility.html) under the **Participating Communities** section and the **Participating Condominium Associations** section.

**Did none of the options above apply to you? Making a One Time Donation to an organization DCU serves automatically makes you eligible to join DCU!**

Select from the following list of organizations DCU serves:

- Reach Out for Schools - \$10 one-time donation
- New England Chapter, PRRT&HS - \$15 one-time donation
- SHOLAN FARMS - \$25 one-time donation
- SOLF (Southborough Open Land Foundation) - \$25 one-time donation
- OARS (Organization for the Assabet, Sudbury & Concord Rivers) - \$30 one-time donation
- Merrimack River Watershed Council (MRWC) - \$35 one-time donation
- Worcester County Horticultural Society – Tower Hill Botanic Garden - \$55 one-time donation
- The Free Software Foundation - \$120 one-time donation

# Important Information

- We are required, by federal law, to obtain, verify, and record information that identifies each business or individual opening a DCU Membership.
- We will ask for your business legal name, business address, TIN/EIN, and Phone Number.
- All primary and additional account managers must meet DCU's eligibility requirements (see page 4).
- REQUIRED IDENTIFICATION information for Individuals can be found listed on page 1.
- REQUIRED DOCUMENTATION for the Business entity is listed on pages 2 and 3 by business type.

**\*\*DCU reserves the right to request additional identification.**

DCU is currently UNABLE to open and support accounts for businesses/entities involved in any of the following due either to the current legal status of the endeavor, available DCU account structures, expected volume, or degree of oversight required of a financial institution maintaining such accounts.

**By continuing with this application, you are certifying that you do not now nor will you in the future participate in activities related to:**

- **CANNABIS PLANTS, PRODUCTS, OR ACTIVITIES/MARIJUANA-RELATED BUSINESSES (MRBs)**: As a federal credit union, and due to the degree of oversight required, we are unable at this time to provide banking services to the cannabis industry or any groups or industries specifically or intentionally focused on providing services or products to the cannabis industry. This includes, but is not limited to, any products derived from the cannabis plant, as well as other activities related to the cannabis industry, such as growing, processing, distributing, selling, transporting, or leasing commercial property to a direct service provider, and regardless of the legal status of the business under state law. DCU will not bank businesses that sell CBD Oil products that are derived from cannabis.
- **VIRTUAL CURRENCY**: Using, exchanging, administering, and mining
- **INTERNET GAMBLING**: The Unlawful Internet Gambling Act of 2006 prohibits certain transactions related to Internet gambling. DCU does not maintain accounts if any portion of the business income comes from Internet gambling
- **INTEREST ON LAWYER TRUST ACCOUNTS (IOLTAS)**
- **MONEY SERVICES (MSB)**: This includes accounts for Agents acting on behalf of a larger MSB.
- **POLITICAL ACTION COMMITTEES (PACS)**
- **NON-BANK OWNED (PRIVATELY-OWNED) ATM/ATM SERVICES PROVIDER**: This means we are unable to open an account for you if you provide services for an ATM or have an ATM on premises that is not directly owned by a financial institution.
- **THIRD-PARTY PAYMENT PROCESSORS (TPPPS)**

Account Number: \_\_\_\_\_

(Assigned by DCU)

## **BUSINESS ACCOUNT APPLICATION**

### **Part 1 General Information and Business Type**

<b>Business Entity (Check one):</b>	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Sole Member LLC	<input type="checkbox"/> LLP/LLC	

Is your corporation a non-profit?

☐ Yes ☐ No

Business Name (Name MUST match the name assigned to the SSN/EIN given in part 8)

Individual Name (Should only be completed if Sole Proprietor or Sole Member LLC)

Physical Business Address (PO boxes and virtual offices\* are **not** acceptable)

City State Zip

Mailing Business Address if different than Physical Address (number, street, and apt or suite no.)

City State Zip

Business Phone State in which Business is Registered Date Business Registered

Email Address

Business Industry– Be Specific (i.e. car dealership, convenience store, restaurant, etc.)

**\*A virtual office provides the businesses a physical address and office-related services. DCU does not allow the business address to be a virtual office.**

### **Part 2 Account Services (check those for which you are applying)**

I will receive Electronic Statements for all my accounts, enrollment for which will be sent to the email address above. If you do not wish to enroll, please check this box. ☐

- ☒ **Primary Savings Account**
- ☒ Personal Identification Number (PIN) for Electronic Service usage. (I understand this will be generated and mailed to address provided in Part 1)
  - ☒ Electronic Accessibility via Digital Banking and Virtual Assistant

☐ **Free Business Checking\*** Note: This Free Business Checking account will be enrolled in the Business Earn More feature. The Business Earn More feature automatically sweeps out the account balance to interest-bearing FDIC-insured deposit accounts held at participating institutions throughout the country. You will still maintain access to account funds. Please refer to the attached DCU Business Earn More Feature Terms and Conditions for important information and disclosures regarding the Business Earn More feature.

☐ **Opt-Out** (Enrollment of the Business Earn More feature on the Free Business Checking will automatically occur unless this box is checked).

☐ Money Market Account (\$1,000 minimum required to earn dividends)

☐ Visa® Debit Card\*\*, **OR**

☐ Savings ATM Card\*\*

If a card was requested, it will automatically be issued in the name of the individual listed in Part 3. Up to three additional cards may be issued. Individuals below **must** be listed in Part 4.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*Upon approval    \*\* Allow 7-10 business days to receive

### Part 3 Account Manager General Information and Membership Qualification

DCU requires one individual be named who will have the authority to make changes to the Membership (e.g. change address, email, open account)

If already a DCU Member, provide your full legal name here, \_\_\_\_\_

your membership number here, \_\_\_\_\_ and continue to the following Part.

\_\_\_\_\_  
Individual's First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Residential Address (number, street, and apt or suite no.)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security or Tax ID #

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Please refer to page 4 of this application for more details on eligibility. Check one of the following :

☐ I am eligible to join because of a family member. ☐ I am eligible to join as a member of: \_\_\_\_\_

☐ I am eligible to join through my Employer: \_\_\_\_\_ ☐ I am eligible to join through my community: \_\_\_\_\_

☐ I am making a one-time donation to: \_\_\_\_\_

## Part 4a Additional Partner, Member, or Officer

**For changes to Partners, Members, or Officers this Membership must be closed and a new Membership opened.**

**This individual should have access to:**

☐ All Accounts ☐ All Checking Only ☐ All Savings Only ☐ Specific Accounts: \_\_\_\_\_

**If already a DCU Member, provide your full legal name here,:** \_\_\_\_\_

**your membership number here,:** \_\_\_\_\_ **and continue to the following Part.**

Individual's First Name

Middle Name

Last Name

Residential Address (number, street, and apt or suite no.)

City

State

Zip

Date of Birth

Social Security or Tax ID #

Phone

**Please refer to page 4 of this application for more details on eligibility. Check one of the following :**

☐ I am eligible to join because of a family member. ☐ I am eligible to join as a member of: \_\_\_\_\_

☐ I am eligible to join through my Employer: \_\_\_\_\_ ☐ I am eligible to join through my community: \_\_\_\_\_

☐ I am making a one-time donation to: \_\_\_\_\_

NOTE: Access using the PIN, Digital Banking App and/or Debit Card cannot be limited to a particular account.

## Part 4b Additional Authorized Signatory(ies)

**This individual should have access to:**

☐ All Accounts ☐ All Checking Only ☐ All Savings Only ☐ Specific Accounts: \_\_\_\_\_

**If already a DCU Member, provide your full legal name here,:** \_\_\_\_\_

**your membership number here,:** \_\_\_\_\_ **and continue to the following Part.**

Individual's First Name

Middle Name

Last Name

Residential Address (number, street, and apt or suite no.)

City

State

Zip

Date of Birth

Social Security or Tax ID #

Phone

NOTE: Access using the PIN, Digital Banking App and/or Debit Card cannot be limited to a particular account.



**This individual should have access to:**

☐ All Accounts ☐ All Checking Only ☐ All Savings Only ☐ Specific Accounts: \_\_\_\_\_

**If already a DCU Member, provide your full legal name here,:** \_\_\_\_\_

**your membership number here,:** \_\_\_\_\_ **and continue to the following Part.**

\_\_\_\_\_  
Individual's First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Residential Address (number, street, and apt or suite no.)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security or Tax ID #

\_\_\_\_\_  
Phone

NOTE: Access using the PIN, Digital Banking App and/or Debit Card cannot be limited to a particular account.

## Part 5 Opening Deposit

### Opening Deposit Selection:

Minimum \$5 is required to open and maintain Membership with DCU. If applicable, additional organizational fee or donation may be required for joining an organization. The opening deposit will be credited to your Primary Savings account.

Select ONE:

- ☐ Existing DCU Account Transfer  
**NOTE: You must be Primary or Joint Owner of the account**

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Share Number

- ☐ Electronic Check (NOTE: You must be an owner on this account)  
**MAXIMUM DEPOSIT LIMIT OF \$250,000**

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Name on Account (Who does the account belong to?)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Financial Institution Name

Account Type (Please select one):

☐ Checking ☐ Savings

I hereby authorize the initiation of a one-time debit from my account at the financial institution named above through the Automated Clearing House (ACH) system and authorize said institution to debit my account for the amount set forth above. I acknowledge that this request does not violate the provisions of United State law as it applies to ACH transactions. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold DCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to my having supplied incorrect information; its having acted on a stop payment order; or there being insufficient funds in the account I have indicated.

**Initials:** \_\_\_\_\_

- ☐ Check or Money Order  
**NOTE: Must be enclosed with application to avoid processing delays. The check or money order must be made payable to the Business.**

**Checks made payable to DCU will not be accepted.**

**Total Opening Deposit: \$** \_\_\_\_\_

**Minimum \$5 plus, if applicable, any one-time donation for Field of Membership. (For Field of Membership see page 4).**

## Part 6 Expected Activity

DCU is required by Federal law to know its members. To do this, we must perform due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year.

All of the following questions require answers.

### General Information:

1. **What type of business is this?** Be specific and explain in detail the actual goods sold or service(s) provided.

Examples: online retailer selling sports memorabilia; retail store selling women's clothing, handbags, and jewelry; IT consulting to provide software development and network services.

*Note: The services provided for this business must be related. If your business has more than one service and they do not relate, a separate business membership would need to be opened for each additional service.*

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2. **Will you sell products online?**

☐ Yes     If yes, please provide your web address: \_\_\_\_\_

*Note: Only provide active websites.*

If no direct web address, what method will be used to sell products and what is the seller's name (through eBay, Amazon, etc.)?

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☐ No – I will not sell products online.

3. **Which of the following will your account(s) be used for?**

- ☐ General operating funds  
☐ Payroll  
☐ Savings  
☐ Credit card processing  
☐ Other

4. **Will you be using a DCU safe deposit box? *Note: safe deposit boxes are only available at MA and NH DCU Branches and subject to availability.***

- ☐ Yes  
☐ No

## Declared Behavior:

When answering the below questions, make sure the answers are realistic. The responses must be sequential and not contradicting.

5. Which of the following types of transactions will you perform?

5a. **Cash Deposits:** Approximately how much cash do you expect to deposit each month?

- |  |  |
|--|--|
| <input type="checkbox"/> No cash deposits    | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

5b. **Cash Withdrawals:** Approximately how much cash do you expect to withdraw each month?

- |  |  |
|--|--|
| <input type="checkbox"/> No cash withdrawals | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

5c. **Will you be using a courier or armored car service to complete your cash transactions?**

- ☐ Yes ☐ No

5d. **Incoming Wires:** What is the monthly total that you expect to receive?

- |  |  |
|--|--|
| <input type="checkbox"/> No incoming wires   | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

**Will you receive wire transfers from non-US locations?**

- ☐ Yes – from which countries do you expect these wires will be received?

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- ☐ No – the organization only expects to receive domestic (US locations) wire transfers.

When answering the below questions, make sure the answers are realistic. The responses must be sequential and not contradicting.

5e. **Outgoing Wires:** What is the monthly total that you expect to send?

- |  |  |
|--|--|
| <input type="checkbox"/> No outgoing wires   | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

**Will you send outgoing wire transfers to non-US locations?**

☐ Yes – to which countries do you expect these wires will be sent?

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☐ No – the organization only expects to send domestic (US locations) wire transfers.

5f. **Incoming (Non-Wire) Electronic Transfers:** What is the monthly total of incoming electronic transfers that you expect? (Funds coming into an account through ACH transfers, such as recurring payments received from customers.)

- |  |  |
|--|--|
| <input type="checkbox"/> No incoming (non-wire) Electronic Transfers | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000                            | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000                           | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000                           | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000                          | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000                         | <input type="checkbox"/> \$1,000,000+            |

**Will these transfers be received from non-US locations?**

☐ Yes – from which countries do you expect these transfers will be received?

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☐ No – the organization only expects to receive domestic (US locations) transfers.

5g. **Outgoing (Non-Wire) Electronic Transfers:** What is the monthly total of outgoing electronic transfers that you expect? (Funds leaving an account through ACH transfers, such as regular payments to suppliers or company payroll.)

- |  |  |
|--|--|
| <input type="checkbox"/> No outgoing (non-wire) Electronic Transfers | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000                            | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000                           | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000                           | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000                          | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000                         | <input type="checkbox"/> \$1,000,000+            |

When answering the below questions, make sure the answers are realistic. The responses must be sequential and not contradicting.

5h. **Check Deposits:** What is the monthly total that you expect to deposit?

- |  |  |
|--|--|
| <input type="checkbox"/> No check deposits   | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

5i. **Will you be depositing checks remotely using mobile/remote deposit capture?** This is a deposit made by capturing the image of a check and transmitting it electronically to your account at DCU via Digital Banking. **Note: If you selected "No check deposits" in 5h, you must select "No" for this question.**

- ☐ Yes      ☐ No

5j. **Check Withdrawals:** What is the monthly total that you expect to write in checks?

- |   |  |
|---|--|
| <input type="checkbox"/> No check withdrawals | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000     | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000    | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000    | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000   | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000  | <input type="checkbox"/> \$1,000,000+            |

5k. **Monetary Instrument Purchases:** What is the monthly total that you expect to purchase?

- |   |  |
|---|--|
| <input type="checkbox"/> No Monetary Instrument Purchases | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000                 | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000                | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000                | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000               | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000              | <input type="checkbox"/> \$1,000,000+            |

5l. **ATM Deposits:** What is the monthly total that you expect to deposit at an ATM?

- |  |  |
|--|--|
| <input type="checkbox"/> No ATM Deposits     | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

5m. **ATM Withdrawals:** What is the monthly total that you expect to withdraw at an ATM?

- |  |  |
|--|--|
| <input type="checkbox"/> No ATM Withdrawals  | <input type="checkbox"/> \$20,000 - \$50,000     |
| <input type="checkbox"/> \$0.01 - \$1,000    | <input type="checkbox"/> \$50,000 - \$100,000    |
| <input type="checkbox"/> \$1,000 - \$3,000   | <input type="checkbox"/> \$100,000 - \$200,000   |
| <input type="checkbox"/> \$3,000 - \$5,000   | <input type="checkbox"/> \$200,000 - \$500,000   |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$1,000,000+            |

6. **Internet Gambling:** Does any portion of business income come from Internet gambling?

- ☐ No Internet Gambling
- ☐ Yes – **IMPORTANT:** The Unlawful Internet Gambling Act of 2006 prohibits certain transactions related to internet gambling. DCU does not maintain accounts if any portion of the business income comes from internet gambling.

7. **Marijuana-related Business:** Is this a marijuana-related business?

- ☐ No this is not a marijuana-related business.
- ☐ Yes - **IMPORTANT:** As a federal credit union, and due to the degree of oversight required, we are unable at this time to provide banking services to the cannabis industry or any groups or industries specifically or intentionally focused on providing services or products to the cannabis industry. This includes, but is not limited to, any products derived from the cannabis plant, as well as other activities related to the cannabis industry, such as growing, processing, distributing, selling, transporting, or leasing commercial property to a direct service provider, and regardless of the legal status of the business under state law. DCU will not bank businesses that sell CBD Oil products that are derived from cannabis.

8. **Professional Service Providers:** Do you act as an intermediary between your clients and the bank, performing services or arranging for services to be performed on your client's behalf? (**Professional service providers include lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients, and who may conduct financial dealings for their clients. For example, an attorney may perform services, or arrange for services to be performed on a client's behalf, such as settlement or real estate transactions, asset transfers, management of client monies, investment services, and trust arrangements.**)

- ☐ No, the organization is not a Professional Service Provider.
- ☐ Yes – the organization is a Professional Service Provider, providing the following services:
- |  |   |
|--|---|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Medical          |
| <input type="checkbox"/> Funds management    | <input type="checkbox"/> Notary           |
| <input type="checkbox"/> Insurance           | <input type="checkbox"/> Real estate      |
| <input type="checkbox"/> Investment advisory | <input type="checkbox"/> Tax preparation  |
| <input type="checkbox"/> Legal               | <input type="checkbox"/> Trust management |

If yes, will other professionals be using this account?

- ☐ Yes ☐ No

9. **Embassy, Foreign Consulate Or Foreign Mission:** Is the organization an embassy, foreign consulate or foreign mission?
- ☐ No – the organization is not an embassy, foreign consulate or foreign mission.
- ☐ Yes – What is the home country of the embassy, foreign consulate or foreign mission?
- 
10. **Nonbank Financial Institutions (Excluding MSB):** Are any of the following services a core function of your business? (Meaning you provide any of these services to your customer base.)
- ☐ Casinos, card clubs or gaming establishments (with annual revenues greater than one million dollars)
- ☐ Securities, futures commissions or commodity trading - A broker or dealer registered with the Securities and Exchange Commission, or a futures commission merchant, commodity trading advisor, or commodity pool operator registered, or required to register, under the Commodity Exchange Act.
- ☐ Insurance
- ☐ Loan/Finance
- ☐ Credit cards system operation (This does not mean you accept credit cards for payment from your customers. This means you are a third-party processor for credit card payments.)
- ☐ Precious metals, stones, or jewels (with purchase or sales of more than \$50,000 per year)
- ☐ Pawn Broker
- ☐ Travel agency
- ☐ Telegraph company
- ☐ Vehicle sales (automobiles, airlines, boats)
- ☐ Real estate closing and settlement
- ☐ U.S. Postal Service
- ☐ Federal, state or local government agency carrying out a duty or power of a business described above
- ☐ None of the above
11. **Money services business (MSB):** Does your business involve any of the following?
- IMPORTANT** If you answer yes to any of the services listed below, your business is considered a Money Services Business. As stated on our current business account application, DCU does not maintain accounts for Money Services Businesses as we are unable to provide the degree of oversight required of a financial institution maintaining these accounts.
- ☐ Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day
- ☐ Cash checks in amounts greater than \$1,000 for any one person in one day. **(This does not include accepting a check for payment from your customer. This is accepting a check and handing that same amount back to the customer in cash or allowing a customer to write a check for greater than the purchase amount and handing the difference back to the customer in cash.)**
- ☐ Issue or sell money orders in amounts greater than \$1,000 to any one person in one day
- ☐ Administer or exchange virtual currency
- ☐ Non-network-branded card sales that exceed \$2,000 maximum value per device on any given day
- ☐ Network-branded card sales that exceed \$1,000 maximum per device on any given day
- ☐ No, the organization does not perform any of the above MSB functions.



12. **Nongovernmental organizations or charities:** Do you depend, in whole or in part, on charitable donations and voluntary services for support?

- ☐ No, the organization does not depend, in whole or in part, on charitable donations and voluntary services for support.
- ☐ Yes, in what country is your organization chartered?

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Do you have donors or volunteers from non-US countries?

- ☐ No donors or volunteers from non-US countries.
- ☐ Yes, in what counties are your donors or volunteers located?
- 

13. **Bulk Shipments Of Currency:** Does your company offer courier or armored car services to ship currency on your customer's behalf?

- ☐ Yes ☐ No

14. **Third-Party Payment Processors:** Will you be processing transactions that benefit a third-party? (Non-bank or third-party payment processors are bank customers that provide payment-processing services to merchants and other business entities.)

- ☐ Not a Third-Party Payment Processor.
- ☐ Yes – **IMPORTANT:** As stated on our current business account application, DCU does not maintain accounts for Third-Party Payment Processors.

15. **Privately-Owned ATM:** Is there a non-bank (privately-owned) ATM in your place of business?

- ☐ No, the organization does not have any Privately-Owned ATMs.
- ☐ Yes – **IMPORTANT:** As stated on our current business account application, DCU does not maintain accounts for Privately-Owned ATMs. DCU is unable to maintain the degree of oversight required of a financial institution maintaining accounts for privately (non-bank) owned ATM Service Providers. This means we are unable to open an account for you if you have an ATM on premises that is not directly owned by a financial institution.

## Part 7 Certification of Beneficial Owner(s) and Controlling Person of Legal Entity

### 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 entities maintaining accounts. 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 must 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 must I 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-US persons), as well as **a copy of a photo ID for the following individuals:**

<b>PART B: Beneficial Owners:</b> Up to four individuals	Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests <u>of the legal entity</u> (e.g., each natural person that owns 25 percent or more of the shares of a corporation); <b>and</b>
<b>PART C: Controlling Person:</b>	An individual with significant responsibility for managing the <u>legal entity</u> (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Please note that the individuals identified on the attached form **will not** have access to the **DCU Membership** unless they have been specifically added as account owners or authorized signatories.

**THE INDIVIDUAL COMPLETING THIS APPLICATION AGREES TO NOTIFY DCU IMMEDIATELY IF THERE IS A CHANGE IN THE BENEFICIAL OWNER(S) OR CONTROLLING PERSON IDENTIFIED BELOW.**

# Certification of Beneficial Owner(s) and Controlling Person of Legal Entity

**NOTE:** If this business is a Sole Proprietorship, **do not** complete this certification.

## Part A Business Account Member

### PART A MUST BE COMPLETED

Legal Entity (Business) Name

Business' Physical Street Address, City, State, Zip Code

Name of the Natural Person Completing this Form

Title of the Natural Person who is completing this form

## Part B Beneficial Owners

### PART B CAN BE SKIPPED IF THIS IS A NON-PROFIT

#### What is a Beneficial Owner?

Each individual who owns, directly or indirectly, 25% or more of the equity interests of the business (e.g., each person that owns 25% or more of the shares of a corporation). There can be up to four listed.

**Note:** If no individual or legal entity meets this definition of beneficial owner, check this box ☐ to specify "Not Applicable" and skip to Part C.

**Does a separate legal entity (business or trust) own 25% or more of the legal entity you listed in Part A?**

- ☐ No (more common response) - continue to Individual Beneficial Owner #1
- ☐ Yes: **Beneficial Owner(s) and Controlling Person of a Legal Entity – Addendum** must be completed. This request will not be completed until this addendum is completed.  
Contact a DCU Representative for the addendum.

Complete the following information for each Beneficial Owner and [attach a copy of the photo ID they are providing information for.](#)

**Individual Beneficial Owner #1:**

Full Name		Physical Street Address, City, State, Zip Code	
Date of Birth	SSN	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo ID State (or Country) of Issuance	Percent of Ownership

**Individual Beneficial Owner #2:**

Full Name		Physical Street Address, City, State, Zip Code	
Date of Birth	SSN	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo ID State (or Country) of Issuance	Percent of Ownership

**Individual Beneficial Owner #3:**

Full Name		Physical Street Address, City, State, Zip Code	
Date of Birth	SSN	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo ID State (or Country) of Issuance	Percent of Ownership

**Individual Beneficial Owner #4:**

Full Name		Physical Street Address, City, State, Zip Code	
Date of Birth	SSN	Government issued Photo ID Type	Government issued ID Number
ID Date of Issuance	ID Expiration Date	Government issued Photo ID State (or Country) of Issuance	Percent of Ownership

## Part C Controlling Person

### PART C MUST BE COMPLETED

#### What is a Controlling Person?

A person who has significant responsibility for managing the business. i.e., Executive officer (CEO, CFO and COO), senior manager, director, controller or any other individual who regularly performs similar functions.

**If applicable, an individual listed above as a Beneficial Owner may also be listed in this Part.**

Full Name

Physical Street Address, City, State, Zip Code

Date of Birth

SSN

Government issued  
Photo ID Type

Government issued ID Number

ID Date of Issuance

ID Expiration Date

Government issued  
Photo ID State (or  
Country) of Issuance

## Part D Certification

### PART D MUST BE COMPLETED

I, \_\_\_\_\_ (name of the person completing this form) hereby  
certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

**Please sign this form. Typed names or non-verified electronic signatures will not be accepted.**

## Part 8 Business Resolution, TIN Certification, and Agreement

### Who signs this section?

- Anyone in part 3
- Anyone in part 4a and 4b
- Any beneficial owner(s) listed in part 7

### Business Resolution

Please complete this Business Resolution section ONLY if you do not have an existing resolution to provide.

**Note:** Not applicable to Sole Proprietorship

WHEREAS, \_\_\_\_\_ wishes to obtain financial services from  
(Business Entity)

Digital Federal Credit Union (DCU) it hereby grants both signing authority and the authority to conduct  
business to \_\_\_\_\_ ,  
(Individual listed in Part 3)

who may:

apply for and obtain, on behalf of and in the name of the business entity, an account at DCU which may include but is not limited to access to routine banking services, savings products, checking products, wire transfer services, electronic banking, automated clearing house activity, and Debit Card access;

FURTHER it is resolved that this individual is authorized to act individually or in concert with others on behalf of the business for the purposes of providing the information required by the financial institution to open the account such as business name, EIN, address, officers, etc.; naming others who will have access to the account; and authorizing transactions of any kind to or from this account, provided appropriate identification is obtained.

It will be the responsibility of the business owners, to ensure activity on the account is monitored, with the understanding that unless named on the business account, they will not have access to account information directly from the financial institution.

### Taxpayer Identification Number (TIN) Certification

Enter your TIN in the box below. For individuals, this is your social security number (SSN). For most entities this is the EIN assigned to the business.

\_\_\_\_\_  
Employer Identification Number (EIN)

OR

\_\_\_\_\_  
Social Security Number (SSN)

#### CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) The TIN shown on this application is my correct taxpayer identification number. And (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

## Agreement

By signing below, all those of us who must be in your field of membership certify that:

- We are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in DCU's Business Account Agreement;
- The information provided related to this application is true, correct, and complete; otherwise, DCU may demand payment in full on any debt I have outstanding with you and/or revoke any DCU services I use;
- We have read and agree to the terms and conditions of DCU's Business Account Agreement and the Schedule of Fees and Service Charges, each of which is incorporated by this reference, whether applicable to products and services being requested now or in the future. These disclosures are available for review at [www.dcu.org](http://www.dcu.org), or upon request by contacting DCU.
- If I am the Managing Partner, Managing Member, or Executive Officer, I am at least 18 years of age. If I am a Sole Proprietor and not yet 18 years of age, I understand I must have a parent or legal guardian named on this account as well.
- I (meaning each of the persons who signs below) authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information. Each of the persons who sign below is duly authorized to act with respect to transacting on the account(s) and DCU is authorized to act in all matters relating to the account upon the order of any one of the persons who sign below until DCU receives written instructions to the contrary. Only Additional (non-owner) Signatories may be changed, or removed. Changes in Ownership will require a new Membership be opened. Changes to the Membership require Managing Partner, Managing Member, or Executive Officer authorization. In no way will DCU be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If DCU believes there is a conflict amongst the account owners, DCU has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Further each and all who sign this form assume full responsibility for enforcing the provisions of any operating or other Agreement pertaining to the business which has NOT been provided to DCU and agree that DCU SHALL IN NO EVENT BE LIABLE FOR ITS CONTENTS. In addition each certifies that 1) all necessary steps have been executed to legally establish the business referenced above, 2) all partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable are also in DCU's field of membership, 3) transactions between this Membership and any other DCU memberships will only be performed per written request, and 3) I/We understand that transactions prohibited by the Unlawful Internet Gambling Act of 2006 are prohibited from being processed through this account. DCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in Part 6.

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Signature
Date

---

Signature
Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign this form. Typed names or non-verified electronic signatures will not be accepted.**

### DID YOU REMEMBER TO:

- Write clearly
- Include Required Identification
- Complete all required fields
- Enter your SSN or EIN
- Include initial deposit of at least \$5
- Sign with a wet or verified electronic signature (examples: DocuSign and Adobe Acrobat Pro)

INTERNAL USE ONLY:

Rec'd \_\_\_\_\_ Rev. By # \_\_\_\_\_ Proc. By # \_\_\_\_\_ Audit By # \_\_\_\_\_