



Business Membership Information

Rev 2/2023

MEMBERS 1st
FEDERAL CREDIT UNION

What We Need for the New Member ID:

**If applicable*

Sole Proprietor	LLC	Corporation
<ul style="list-style-type: none"> • Proof of EIN* • Fictitious Name Certificate* 	<ul style="list-style-type: none"> • Proof of EIN* • Certificate of Organization • Fictitious Name Certificate* 	<ul style="list-style-type: none"> • Proof of EIN • Articles of Incorporation • Fictitious Name Certificate*
Partnership	Organization	Public Funds
<ul style="list-style-type: none"> • Proof of EIN • Partnership Agreement • Fictitious Name Certificate* 	<ul style="list-style-type: none"> • Proof of EIN • Meeting Minutes 	<ul style="list-style-type: none"> • Proof of EIN • Municipality Documentation (see M1st Representative for details)

Required Information for Authorized Signer(s), Beneficial Owner(s) and Control		
<ul style="list-style-type: none"> • Full Legal Name • Physical Address 	<ul style="list-style-type: none"> • Date of Birth • Social Security Number 	<ul style="list-style-type: none"> • Valid Government Issued ID • Employer and Occupation

Acceptable Proof of EIN: SS4 or 147C from the IRS

Beneficial Owner(s): All natural persons who own 20% or more of the business. Please note that any other individuals or entities owning less than 20% will only need to provide their name and occupation.

Control: One individual with significant responsibility to control, manage or direct the legal entity or organization.

USA PATRIOT Act Notice

To help the government fight the funding on 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.

We will ask for detailed information about your business or organization, including but not limited to, the nature of the business, locations, and type of expected transactions. If your business has an ATM, we will require additional documentation (such as the ISO Agreement, Lease Agreement, Third Party Service Agreement, Contracts, etc.).

Membership Eligibility:

For a business to establish an account, all owners (or Officers if it's an organization) of the business entity must be individually eligible through our field of membership; be a US Citizen or Permanent Resident; and be in good standing with the credit union (if they have or had any accounts with us).

A \$5 minimum opening deposit and balance in the Business Savings Account is required. This money remains in the account and is not considered a fee.

Additional Information:

If you choose to apply for a loan product with us, additional documentation (including your governing document) may be required.

Members 1st FCU reserves the right to refuse membership to business entities or organizations classified as "High Risk" in accordance with Members 1st FCU Policy. The credit union also periodically reviews all business members and associated accounts. If prohibited high-risk activity or unsatisfactory account handling is detected, the account may immediately be restricted.



MEMBERS 1st
FEDERAL CREDIT UNION

Office Use Only
Member ID#

BUSINESS MEMBERSHIP APPLICATION AND WARRANTIES

Business Information

Name of Business/Organization _____

Federal Tax ID# _____ DBA Name (if applicable) _____

Entity Type: Sole Proprietorship LLC Corporation Partnership Organization Public Funds

Business Street Address: _____

City _____ State _____ Zip Code _____

Business Phone _____ Business E-Mail Address _____

Business Mailing Address: _____

(If different from above address)

City _____ State _____ Zip Code _____

Business Products and Services

Please indicate the products and services you are interested in establishing. Please note, only basic products are shown below.

- Regular Savings*
 Business Checking
 Supplemental Savings
 Business Money Market
 Business Visa Debit Card
 Overdraft Protection
 Online Banking
 eStatements/eNotices (email required)

**A Regular Savings with a minimum deposit of \$5 is required. The \$5 is used to qualify your business as a Member.*

Membership Eligibility

Select Employer Group _____

Family Member Name (if applicable) _____

W9 Certification

Exempt payee code ____ Exemption from FATCA reporting code (if any) ____

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, and
- 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (including a U.S. resident alien).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

I am an exempt recipient under the Internal Revenue Service Regulations.

I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding.

Authorized Signer Information – Person(s) authorized to transact business on this member ID

Authorized Signer #1

Full Legal Name _____ Title with Business _____

Social Security No. _____ Date of Birth _____

Physical Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

ID Type _____ ID# _____ Issue Date _____ Exp Date _____

Employer _____ Primary Occupation _____

U.S. Citizenship Status: U.S. Citizen U.S. Permanent Resident Email _____

Authorized Signer #2

Full Legal Name _____ Title with Business _____

Social Security No. _____ Date of Birth _____

Physical Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

ID Type _____ ID# _____ Issue Date _____ Exp Date _____

Employer _____ Primary Occupation _____

U.S. Citizenship Status: U.S. Citizen U.S. Permanent Resident Email _____

Authorized Signer #3

Full Legal Name _____ Title with Business _____

Social Security No. _____ Date of Birth _____

Physical Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

ID Type _____ ID# _____ Issue Date _____ Exp Date _____

Employer _____ Primary Occupation _____

U.S. Citizenship Status: U.S. Citizen U.S. Permanent Resident Email _____

Authorized Signer #4

Full Legal Name _____ Title with Business _____

Social Security No. _____ Date of Birth _____

Physical Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

ID Type _____ ID# _____ Issue Date _____ Exp Date _____

Employer _____ Primary Occupation _____

U.S. Citizenship Status: U.S. Citizen U.S. Permanent Resident Email _____

*If there are more than four Authorized Signers, please fill out another page 2

Agreement of Application, Terms and Conditions

I/We hereby make application for membership to Members 1st Federal Credit Union ("Members 1st") on behalf of the Entity named in the Business Membership Application ("Entity"). I/We certify the information listed on this application is true and correct, the Entity name is duly registered and authorized to do business in Pennsylvania and that all required applicable supporting documentation has been provided. I/We acknowledge receipt and agree that we will comply with all terms and conditions listed in the Important Information about Business Share Account pamphlet ("terms and conditions") provided at account opening, along with any amendments thereof. I/We acknowledge that the Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid back-up withholding. Any and each Authorized Signer(s) ("signers") listed below are authorized to endorse all checks, drafts, notes and other items payable to or owned by the Entity for deposit with Members 1st, to close any accounts of the Entity with Members 1st, obtain account information, and/or perform any other transaction outlined in the terms and conditions of this account. I/We warrant and agree that the signer designations listed on this application supersedes any previous designations and their powers as such will remain in full force and effect until Members 1st receives written notice to the contrary. The Entity and the signers agree to indemnify, defend and hold Members 1st harmless from any claim or liability as a result of any unauthorized acts by any signer or former signer or acts which Members 1st relies on prior to receiving written notice of any change to the Entity, ownership and/or signers.

I/We agree to allow Members 1st to utilize this signed document to establish ___ member ID(s).

Authorized Signer(s)

Signature _____ Date _____
Authorized Signer #1

Print Name _____

Signature _____ Date _____
Authorized Signer #2

Print Name _____

Signature _____ Date _____
Authorized Signer #3

Print Name _____

Signature _____ Date _____
Authorized Signer #4

Print Name _____

Sole Proprietor, Control (Legal Entity) or Certifying Officer (Public Funds)

The following individual represents that he or she has the authority to execute this Certificate on behalf of the Entity and that the above resolutions were adopted in accordance with the Entity's established governance process at a meeting held, or a unanimous consent executed, on _____ [INSERT DATE OF MEETING OR UNANIMOUS CONSENT].

Signature _____ Title with Business _____

Print Name _____ Eligibility _____

Eligibility Type _____ Name of Family Member _____
(If applicable)



Certification of Beneficial Owner

A. Name and Title of Authorized Signer Certifying Beneficial Ownership

Name _____ Title _____

B. Entity Name and Physical Address of Legal Entity

Name _____

Address _____

C. Please provide the following information for all owners, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns** 20% or more in equity interest of the legal entity listed above. (*Photocopy of government issued ID must be provided for each owner*)

____ No individuals own 20% or more equity in the above-named business (go to section D)

BENEFICIAL OWNER(s)

Full Legal Name of Individual or Entity _____

Address _____
Residential Address (Individual Owner) or Business Address (Legal Entity Owner)

U.S. Citizen U.S. Permanent Resident **SSN(Individual) or EIN (Legal Entity)** _____

Government Issued ID Type _____ **ID#** _____ **Ownership %** _____

Occupation (Individual)/Business Type (Legal Entity) _____

Full Legal Name of Individual or Entity _____

Address _____
Residential Address (Individual Owner) or Business Address (Legal Entity Owner)

U.S. Citizen U.S. Permanent Resident **SSN(Individual) or EIN (Legal Entity)** _____

Government Issued ID Type _____ **ID#** _____ **Ownership %** _____

Occupation (Individual)/Business Type (Legal Entity) _____

Full Legal Name of Individual or Entity _____

Address _____
Residential Address (Individual Owner) or Business Address (Legal Entity Owner)

U.S. Citizen U.S. Permanent Resident **SSN(Individual) or EIN (Legal Entity)** _____

Government Issued ID Type _____ **ID#** _____ **Ownership %** _____

Occupation (Individual)/Business Type (Legal Entity) _____

Full Legal Name of Individual or Entity _____

Address _____
Residential Address (Individual Owner) or Business Address (Legal Entity Owner)

U.S. Citizen U.S. Permanent Resident **SSN(Individual) or EIN (Legal Entity)** _____

Government Issued ID Type _____ **ID#** _____ **Ownership %** _____

Occupation (Individual)/Business Type (Legal Entity) _____

Full Legal Name of Individual or Entity _____

Address _____
Residential Address (Individual Owner) or Business Address (Legal Entity Owner)

U.S. Citizen U.S. Permanent Resident **SSN(Individual) or EIN (Legal Entity)** _____

Government Issued ID Type _____ **ID#** _____ **Ownership %** _____

Occupation (Individual)/Business Type (Legal Entity) _____

If one or more of the above-named Beneficial Owners is a legal entity another Certification of Beneficial Owner(s) form must be completed on each legal entity.

D. Please provide the following information for one individual with **significant responsibility to control, manage, or direct** the legal entity. *(Photocopy of government issued ID must be provided)*

Control

Full Legal Name _____ **Social Security No.** _____

Address _____
(Residential Address)

U.S. Citizen U.S. Permanent Resident **Government Issued ID Type** _____ **ID#** _____

Title _____

Member 1st will ask for the legal entity to disclose all other owner(s) name and occupation on the Business Account Profile Form.

I, _____ (Name of Authorized Signer in Section A), hereby certify, to the best of my knowledge, that the information provided is complete and correct. I also agree that I or an authorized representative of the Legal Entity will notify the financial institution of any change in such information.

Signature: _____ **Date:** _____

Certification of Beneficial Owner(s) Form

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about 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 (the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by an Authorized Signer 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.

This form may be required for legal entities to certify beneficial ownership when certain events occur on the account.

For the purpose of the form, a **Legal Entity** includes a Corporation, Limited Liability Company (LLC), General /Limited Partnerships, Business Trust, IOLTA, Non-Profit Corporation, or Political Committee that is created by filing of a public document with a Secretary of State or similar office. Because of Members 1st account type structures, a Certification of Beneficial Owner form listing a control person will be asked of all Organizations. **Legal Entity** does not include sole proprietorships, Public Funds, or natural person opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, physical address, social security number or employer identification number, occupation, non-expired government issued ID and whether the person is a U.S. Citizen, U.S. Permanent Resident for the following individuals (the beneficial owners):

- Each individual, if any, who owns directly or indirectly, 20% percent or more of the equity interest of the legal entity member. If a legal entity owns directly or indirectly, 20% or more of the equity interest a Certification of Beneficial Owner form will be required for that legal entity until all “natural person” Beneficial Owners are identified.
- An individual with significant responsibility to control, manage, or direct the legal entity or any individual who performs similar functions.

The number of individuals that satisfy this definition of “Beneficial Owner” may vary. Under section (c) up to five (but as few as zero) may need to be identified. Regardless of the number of owners identified under section (c) you must provide the identifying information for one individual under section (d). It is possible that in some circumstances the same individual might be identified under both sections. Thus, a completed form will contain the identifying information of at least one (1) individual (under section d), and up to five (5) individuals who have 20% equity holders (under section c).

The credit union will also require photocopies of Government Issued ID for all Beneficial Owners identified above.



Name of Business _____ Account: _____

Does the business perform any of the following transactions?

No Yes

- Check cashing services or other monetary instruments
- Issue or Sell Travelers Checks
- Issue or Sell Money Orders
- Issue, Sell or Redeem Stored Value Cards (excluding gift cards from own establishment)
- Deal in Foreign Exchange
- Money Transmission (i.e. Western Union Wire Transfers, Express Money Transfers)
- Operates as a Convenience Store

Are any of the business activities related to Bitcoin, Cryptocurrency or Digital Currency?

- Yes
- No

Does your business process any of the following transactions on behalf of your merchant clients? (Third Party Payment Processor)

No Yes

- Remotely Created Checks (RCC)
- Credit Card Payments
- Automated clearing house (ACH) transactions
- Debit and prepaid card transactions

Is the business affiliated, in any way, with marijuana manufacturing/distribution/retail sales of tetrahydrocannabinols (THC), cannabiniols (CBN), cannabidiols/cannabinoids (CBD), or Hemp; OR does business with any company directly or indirectly related with these products or activities?

- Yes
- No

Is the purpose of the business to import or export products on behalf of other customers?

- Yes
- No

Is the business registered OR headquartered OUTSIDE of the United States?

- Yes
- No

Are any owners of the business not a U.S. Citizen or U.S. Permanent Resident?

- Yes
- No

STOP: If you answered YES to any of the questions above, the business account CANNOT be opened.

Is this a full-time business venture?

- Yes
- No

How many people are employed by the business? _____

Please provide a list of all parties who have less than 20% ownership interest in the business. Include Full Name & Occupation. (Not applicable if the business is a Sole Proprietorship, Organization, or Non-Profit)

How many owners own less than 20%? _____

First Name	M.I.	Last Name	Primary Occupation

A Politically Exposed Person is an individual who is entrusted with prominent public functions such as heads of state government or other public offices, politicians, judicial or military officials.

Are any owners considered a Politically Exposed Person (PEP) or has any business or personal relation to a PEP, foreign or domestic?

- Yes (If yes, complete the following Name of Owner(s).)
- No

Name of Owner(s) _____

How many business locations do you have (including headquarters/home office/rental property) and provide physical address(s) for each? If there is only one location, and it will be listed as the physical address of the business, simply enter "same as on application". Number of Locations: _____

Location #	Address

Is your business a non-profit Organization, Corporation or LLC? (If the business is a Sole Proprietorship, Corporation (for profit) or LLC (for profit) – check “No”)

- Yes (If yes, the following 4 questions need to be completed.)
- No

Provide a description of who is served by the non-profit organization.

What is the source of funding for the account (i.e. donor base)? Include a description.

Provide a description of the beneficiaries who receive the funds from the organization?

Does your organization have any affiliations with other organizations, governments or groups? If yes, please provide names of organizations.

Provide a detailed description of your business to include the products and services you offer.

Does your business sell products & services via the internet or social media?

- Yes
- No

Please provide the website, storefront, username or social media URL: _____

Does your business or non-profit have a website or social media page?

- Yes (If yes, please provide the address below.)
- No

Please provide the website or social media URL: _____

Where are the business' customers primarily located?

- Pennsylvania
- National (across United States)
- International
- All of the above

Is more than 50% of business' income derived from cash sales/provided services?

- Yes
- No

Is the business registered in any State to operate small games of chance?

- Yes
- No

Please provide your 6-digit NAICS/Industry Code, if known. _____

Does the business intend to conduct any international transactions?

- Yes (If yes, the following questions need to be completed.)
- No

What countries will be involved in these transactions?

What is the purpose of the international activity?

Does the business own, lease or maintain any ATMs?

- Yes (If yes, the following questions need to be completed.)
- No

Who is the owner of the ATM(s)?

- Business
- Leased from Third Party (please provide name) _____
- Other (please provide name) _____

How many ATM locations? _____

What is the source of cash used to replenish the ATM(s)?

- Another Financial Institution (please provide name) _____
- Armored Car Service (please provide name) _____
- Other _____

Members 1st will ask the business owner to complete a Privately-Owned Automated Teller Machine (ATM) Questionnaire for each ATM location and provide documentation for their ATM within 15 days from account opening to include but not limited to the following:

- ISO Agreement
- Purchase or Sales Agreements
- Lease Agreements
- Third Party Service Agreements
- ATM Provider Contract
- ATM Servicer Contracts (i.e. Armored Car Agreement)
- Prior Bank Statements showing activity

Business Account Profile - Instructions

Answers to the questions on the Business Account Profile Form are required to assist the credit union in complying with both The Bank Secrecy Act and The USA PATRIOT Act. Explain to the business member that if they provide information later determined to be inaccurate, Members 1st FCU reserves the right to take action that may include account suspension or termination.

Does the business perform any of the following transactions?

- Check cashing services or other monetary instruments
- Issue or Sell Travelers Checks
- Issue or Sell Money Orders
- Issue, Sell or Redeem Stored Value Cards (excluding gift cards from own establishment)
- Deal in Foreign Exchange
- Money Transmission (Western Union Wire Transfers, Express Money Transfers)
- Operates as a Convenience Stores (A small store that stocks a range of everyday items such as groceries, snack foods, candy, toiletries, soft drinks, tobacco products, and newspapers.)

Businesses that perform the above transactions/services are **not** eligible for membership in accordance with Members 1st Board Policy.

Are any of the business activities related to Bitcoin, Cryptocurrency or Digital Currency?

Businesses whose activities are related to Bitcoin, Cryptocurrency or Digital Currency are **not** eligible in accordance with Members 1st Board Policy. Virtual/Digital currency is an internet based medium of exchange i.e. wallet providers, bitcoin exchange, payment service providers, venture capital, mining pools, cloud mining, peer to peer lending, exchange-traded funds, over the counter trading, gambling, micro-payments, affiliates and prediction markets. It is distinct from physical currency such as banknotes and coins and is not backed by any country's central bank or government. It can be traded for goods or services with vendors who accept virtual/digital as payment.

Does your business process any of the following transactions on behalf of your merchant clients? (Third Party Payment Processor)

Third party payment processors often use their bank accounts to conduct payment processing for their merchant clients. The credit union does not have a direct relationship with the merchant. Third-Party Processors are not eligible for membership in accordance with Members 1st Board Policy.

Is the business affiliated, in any way, with marijuana manufacturing/distribution/retail sales of tetrahydrocannabinols (THC), cannabiniols (CBN), cannabidiols/cannabinoids (CBD), or Hemp; OR does business with any company directly or indirectly related with the products or activities?

Businesses affiliated, in any way, with marijuana, tetrahydrocannabinols (THC), cannabiniols (CBN), cannabidiols/cannabinoids (CBD) or Hemp manufacturing/distribution/retail sales are **not** eligible for membership in accordance with Members 1st Board Policy. This includes but is not limited to: Growing, Transporting, Distributing, Retail Sales.

Is the purpose of the business to import or export products on behalf of other customers?

Businesses that exist to provide import/export services are **not** eligible for membership in accordance with Members 1st Board Policy. This does not include businesses that may periodically import or export products for their own retail sales.

Is the business registered OR headquartered OUTSIDE of the United States?

Businesses registered or headquartered outside of the United States are **not** eligible for membership in accordance with Members 1st Board Policy.

Are any owners of the business **not** a U.S. Citizen or U.S. Permanent Resident?

Businesses whose ownership includes a non-U.S. Citizen or non-U.S. Permanent Resident are **not** eligible for membership in accordance with Members 1st Board Policy.

Is this a full-time business venture?

Does the business owner operate this business as a full-time endeavor?

How many people are employed by the business?

What is the total number of people the business employs?

Please provide a list of all parties who own less than 20% ownership interest in the business. Include Full Name & Occupation. How many owners own less than 20%?

Indicate the number of parties who have an ownership interest in the business less than 20%, ownership interest 20% or greater will be shown on the *Certificate of Beneficial Owner*. List all persons who have a legal claim in the company, regardless of the percentage of ownership or the extent of their involvement in the business (i.e., silent partner). Provide their full legal name and primary occupation. Please be aware that an owner may have a different primary occupation than that related to their association with the business. (Example: *Mary Smith owns 20% of Beach Rentals LLC; however, her full-time job is a stockbroker*). There will be no owners for Non-Profit Corporations, Organizations or Public Fund Accounts.

Are any owners considered a Politically Exposed Person (PEP) or has any business or personal relationship to a PEP, foreign or domestic?

A Politically Exposed Person is an individual who is entrusted with a prominent public function such as heads of state government or other public offices, politicians, judicial or military officials. List the full name of the owner(s) who is a PEP.

How many business locations do you have (including headquarters/home office/rental property) and provide physical address(s) for each? If there is only one location, and it will be listed as the physical address of the business, simply enter "same as on application".

List the physical address for each location, including any subsidiary locations or rental properties.

Is your business a non-profit Organization, Corporation or LLC? (if the business is a Sole Proprietorship, Corporation (for profit) or LLC (for profit) – check "No"

If the business is a non-profit organization the following questions need to be completed:

Provide a description of who is served by the non-profit organization.

What is the source of funding for the account (i.e. donor base)? Include a description.

Provide a description of the beneficiaries who receive the funds from the organization.

Does your organization have any affiliations with other organizations, governments or groups?

Provide a detailed description of your business to include products and services your business offers.

Provide a detailed description of the business. The description must include the products or services provided by the business; the individuals or entities who use the products or services; how the products or services are sold or provided.

Does your business sell products & services via the internet or social media?

Selling products and services via the internet includes listing them on the business' site or any third-party site such as Amazon, eBay, etc.

Please provide the website URL

Provide the business' website or social media address.

Does your business or non-profit have a website or social media page?

Please provide the website URL

Provide the business' website or social media address.

Where are the business' customers primarily located?

Please select from the choices provided.

Is more than 50% of business' income derived from cash sales/provided services?

The business's primary means of income is from cash transactions with their customers.

Is the business registered in any State to operate small games of chance?

Is the business registered in any state to operate small games of chance, such games include pull-tab games, punchboards, raffles, daily drawings, weekly drawings, race night games, pools (excluding sports pools) or 50/50 drawings.

Please provide your 6-digit NAICS/Industry Code, if known.

This is a six-number code which identifies the business type.

Does the business intend to conduct any international transactions?

Will the business conduct any international transactions? Wire transfers and automated clearing house (ACH) transactions are the most common types. If they answer yes, answer the following questions.

What countries will be involved in these transactions?

List all countries expected to be involved in the international activity.

What is the purpose of the international activity?

Explain the reason for the international transactions

Does the business own, lease or maintain any ATMs?

Does the business own, lease, house or maintain any ATMs. If the answer is yes, answer the following questions.

Who is the owner of the ATM(s)?

Please select from the list. If "Leased" or "Other" is selected, provide the name of the owner or company leased from. (i.e., Owned and maintained by Members 1st FCU, Owned by ABC Company and maintained by Dunbar)

How many ATM locations?

How many locations the business owns, leases or maintains ATMs.

What is the source of cash used to replenish the ATM(s)?

Select from the choices and provide further clarification in the spaces provided.

Please be aware that, as a service, Members 1st does not provide cash for businesses to maintain their ATM(s).