

**Business Information**

Account Number \_\_\_\_\_ Open Date \_\_\_\_\_  
 Business Name as it appears on IRS letter: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_  
 C/O Individual: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Mailing Address of Business: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 NAICS Code & Desc: \_\_\_\_\_

**Business Organization**

- Sole Proprietorship filing under SSN:** One individual owns the unincorporated for-profit business
- Sole Proprietorship filing under EIN:** One individual owns the unincorporated for-profit business
- Campaign or Candidate for Public Office:** Individual pursuing election to public office which accepts political donations and makes campaign purchases
- Partnership** (General Partnership, Limited Partnership, Limited Liability Partnership or Joint Venture)  
Two or more individuals and/or corporations own the unincorporated for-profit business
- Association:** A group of individuals own the unincorporated non-profit business
- Limited Liability Company (LLC):** One or more individuals own the for-profit business which has been organized as a Limited Liability Company under State law
- Corporation (Inc):** One of more shareholders own the for-profit business which has been incorporated under State law
- Non-Profit Corporation:** One of more individuals or entities own the non-profit business which has been incorporated under State law
- Municipality:** An urban or administrative division that has corporate status and local government
- Religious, Charitable, Educational Society:** A church, congregation, or society formed for the purposes of religious worship, charitable and/or educational activity which has been incorporated under State law.
- Estate:** An entity established for final distribution of estate assets by a court-appointed executor.

**Certification of Beneficial Owner(s)** \_\_\_\_\_ **Beneficial Owner Not Applicable**

Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer Up to four individuals (but as few as zero) may need to be identified.

**Beneficial Owner 1:** \_\_\_\_\_ **% of ownership:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ ID Type and #: \_\_\_\_\_ ID Issuer: \_\_\_\_\_  
**Beneficial Owner 2:** \_\_\_\_\_ **% of ownership:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ ID Type and #: \_\_\_\_\_ ID Issuer: \_\_\_\_\_  
**Beneficial Owner 3:** \_\_\_\_\_ **% of ownership:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ ID Type and #: \_\_\_\_\_ ID Issuer: \_\_\_\_\_  
**Beneficial Owner 4:** \_\_\_\_\_ **% of ownership:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Physical Address (if different than above): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ ID Type and #: \_\_\_\_\_ ID Issuer: \_\_\_\_\_

# Business Signature Card

**Individual with significant responsibility for managing the legal entity listed above:**

**Control Individual:** \_\_\_\_\_ **% of ownership:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ ID Type and #: \_\_\_\_\_ ID Issuer: \_\_\_\_\_

## Internet Gambling Certification

**I hereby certify** that this business does not engage in internet gambling, to include gambling that is considered to be illegal under any applicable Federal or State laws. I also certify that any payment systems provided by Fort Knox Federal Credit Union (FKFCU) will not be utilized by this organization in such a manner that would be construed as participating in internet gambling and/or any other unlawful gambling. It is understood that "payment systems" as previously stated include but are not limited to automated clearing house systems, card systems, check processing systems and wire transfer systems.

**I acknowledge** that the unlawful use of aforementioned payment systems will result in termination of such services and subject the business account to possible closure.

**If at any point**, a business decision is made to participate in internet gambling and the business has been legally approved to do so, FKFCU will be immediately notified. Along with notification, this business agrees to provide FKFCU with all requested relevant and necessary documentation as proof of the legality of this decision. At such time, FKFCU will issue a determination on whether approval is granted for this business to use the "payment systems" in such a manner.

## Business Depository Resolution

### The Undersigned Hereby Certify:

That the Business Name as written above is the true and correct legal name; that the Business (hereinafter referred to as "The Business") is organized as stated above; and the following resolutions accurately represent the resolutions adopted by The Business and that such resolutions are now in full force and effect and have not been amended or restricted.

**Be it Resolved**, that a Business Savings and Checking Account (the "Accounts") for and in the name of the Business be opened and maintained at FKFCU and that FKFCU be and is hereby designated a depository of the Business.

**Be it Further Resolved**, that any of the persons listed below are authorized to act for and on behalf of the Business in any matter involving any of the Accounts at FKFCU and are authorized to sign for and in the name of the Business such Business Signature Card as may be required by FKFCU thereby agreeing to the provisions, terms and conditions thereof and of FKFCU's Membership Agreement, Business Deposit Account Agreement, Business Deposit Account Fee Schedule, the Business Funds Availability Policy and is authorized to sign such other agreements, instruments, checks, certificates, or other documents relating to the Accounts of other relationships of the Business with FKFCU as they or any of them see fit, including, but not limited to, cash management agreements, payroll agreements, deposit drop bag service agreements, night depository service agreements, funds transfer agreements, wire transfer or ACH transfer agreements or instruments and/or safe deposit agreements.

**Be it Further Resolved**, that any of the persons listed below is authorized to deposit and/or withdraw funds of the Business to or from the Accounts and to endorse for collection, deposit or negotiation any and all checks, drafts, instructions and orders for the payment or transfer of money between the Accounts at FKFCU or accounts at other financial institutions, payable to or otherwise belonging to the Business and are authorized to sign any and all withdrawal slips, checks, drafts, instructions and orders for the payment or transfer of money from any of the Accounts at FKFCU. FKFCU is hereby authorized and directed to (1) honor any withdrawal slip and pay according to the request therein contained, and (2) honor and pay any and all checks, drafts, instruction and orders when signed or endorsed or purported to bear the signature or endorsement of any one (or more, if authorized above) of the persons listed below, without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of whether such instruments are payable or endorsed to the individual order of any person listed below, or tendered in payment of individual obligations or for deposit to the account or accounts of any of said persons. The signatory list will be kept current.

**Be it Further Resolved**, that FKFCU is authorized and directed to honor checks and orders for the payment or money drawn on any of the Accounts including those drawn to the individual order of any person when the check or order bears or purports to bear the signature(s) as shown below. FKFCU shall be indemnified and held harmless against any forgery or unauthorized use or misuse of any facsimile signing devices.

**Be it Further Resolved**, that the sole owner/proprietor (if a sole proprietorship), all general partners (if a partnership), all managers (if a limited liability company), an officer authorized to sign on behalf of the association or corporation (if an unincorporated association or corporation) or all trustees (if a religious, charitable or educational society) or executor (if estate) is/are authorized to execute and deliver a Business Depository Resolution to FKFCU and to certify to FKFCU these resolutions and that these resolutions shall continue in full force and effect until written notice of rescission or modification and new resolutions are received by FKFCU and FKFCU has had a reasonable period of time thereafter to take action.

# Business Signature Card

## Authorized Signature(s)

**Important:** By signing the Business Signature Card, the undersigned represent that they are duly authorized to sign on behalf of the organization binding the organization to the provisions, terms and conditions hereof and of the Membership Agreement, Business Deposit Account Agreement, Business Deposit Fee Schedule and Business Funds Availability Policy, which is incorporated herein by reference. I agree to notify FKFCU of any changes to the information provided above.

**Taxpayer Identification Number (TIN) Certification:** In addition, the undersigned certifies under penalty of perjury, that: (1) the tax identification number shown on this form is the Business' correct taxpayer identification number; and; (2) the Business is not subject to backup withholding because (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service that the Business is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Business has been notified by the IRS that the Business is no longer subject to backup withholding. **You must cross out item (2) if the Business has been notified by the IRS that it is currently subject to backup withholding because of under reporting interest/dividends on its tax return.**

**I agree** to be bound to the terms and conditions of any account that I have with FKFCU now or in the future. To the best of my knowledge the information provided to FKFCU is complete and correct. I agree to notify FKFCU of any changes to the information provided above.

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

## Authorization to Change Account Signatories

**As the Joint 1 member on this account,** I am the person authorized to add or remove signatories from this account.

**I understand** that a new signatory will need to accompany me to a Fort Knox Federal Credit Union branch to verify identity and sign an addendum signature card.

**I understand** that I may remove a signatory at any time and that I'm required to provide removal letter on entity letterhead.

Name:	Signature:	Date:
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# Business Signature Card

## Business - USA Patriot Act Questions:

Fort Knox FCU is required to assist the U.S. Government combat the funding of terrorism and money laundering activities by fully complying with the U.S. Patriot Act and Bank Secrecy Act regulations. To comply, we must have a good understanding of who our members are and what type of business they plan to transact with us. Please answer the below questions as thoroughly as possible.

**Business Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

Do you Import? Yes No

If yes, From which countries do you import? \_\_\_\_\_

If yes, Describe products imported: \_\_\_\_\_

Do you export? Yes No

If yes, Which countries do you export to? \_\_\_\_\_

If yes, Describe products exported: \_\_\_\_\_

Do you use Letters of Credit? Yes No

If yes, What are the names of the Confirming/Advising banks(s)? \_\_\_\_\_

## Account Activity

Expected average balance: <\$1000 \$5000 - \$10,000 \$10,000 - \$25,000 >\$25,000

Wire Transfers? Yes No

If yes, Which countries will you wire to? \_\_\_\_\_

If yes, Annual amount expected to be wired to foreign countries? \_\_\_\_\_

If yes, Annual amount expected to be wired from foreign countries? \_\_\_\_\_

Average number of monthly withdrawals? \_\_\_\_\_

On a regular basis will you purchase the following: Money Orders? Yes No Official Checks? Yes No

If yes, Purpose of the above purchase: \_\_\_\_\_

## Source of Funds

What is the origin of funds being deposited into the account and what percentages?

Payments from customers: \_\_\_\_\_ %

Sale of corporate assets: \_\_\_\_\_ %

Sale of personal assets: \_\_\_\_\_ %

other: \_\_\_\_\_ % Description: \_\_\_\_\_

**Nature of Business:** Sales Skilled Trades Professional Services Real Estate Other

**Annual Sales:** \_\_\_\_\_

**Information provided by:** \_\_\_\_\_