

BUSINESS PROFILE UPDATE



The purpose of this form is to collect updated and additional business profile information to ensure BECU has the most accurate records.

BUSINESS NAME		BUSINESS TIN/EIN	
Government-required information			
Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each business that opens a membership.			
I acknowledge my business does not operate in any of the following prohibited industries: issuer or exchanger of virtual currency, marijuana-related business (MRB) activities (medicinal, production, transportation, or sales), money services business, or internet gambling sites.			INITIALS
Does your business derive income from a marijuana-related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percentage (%) of income from the marijuana industry?	Are you the owner or co-owner of any licensed marijuana-related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a hemp-related business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your business derive income from businesses operating in the hemp industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percentage (%) of income from the hemp industry?	
Is this a cannabidiol-related (CBD) business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your business derive income from businesses operating in the CBD industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the percentage (%) of income from these sources?	
Is your business a non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any individuals or entities outside the U.S. donate money or resources, or provide volunteer or charitable services? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the primary country involved?	
Do you offer loans to your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own, operate, or replenish an ATM? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many ATMs do you own, operate, or replenish?	
State of entity formation	Date business established	Country where business established	Number of employees
NAICS code*	Type of business / primary function	Do you have accounts for this business with an institution other than BECU? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated transaction information			
ESTIMATED ANNUAL SALES / REVENUE <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 - \$499,000 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000-\$3,000,000 <input type="checkbox"/> Greater than \$3,000,000			
Will your business send or receive domestic wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of domestic wires sent:	Monthly \$ amount of domestic wires received:	
Will your business send or receive international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of international wires sent:	Monthly \$ amount of international wires received:	
What is the primary country involved in your wire activity? Answer: country name or N/A			
Will your business have cash deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of cash deposits:		
Will your business have cash withdrawals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of cash withdrawals:		
Will your business have check deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of check deposits:		
Will your business have check payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of check payments:		
Will your business receive ACH deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of ACH deposits:		
Will your business send ACH payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly \$ amount of ACH payments:		
What is the purpose or types of transactions for which your BECU account(s) will be used (select all that apply): <input type="checkbox"/> Operating / General purpose <input type="checkbox"/> Savings / Investment <input type="checkbox"/> Payroll			
*North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments.			

Please provide an explanation and available documentation for the following items.

Description of business operations

Please explain the purpose and primary function of your business.

How many physical locations do you maintain for your business? What are their respective physical addresses? (Enter data on multiple lines.)

What products and services do you offer your clientele?

If applicable, what are your distribution channels?

How do you market your business?

Key business relationships

Who are your key partners / clients?

Who are your key suppliers?

Who is your target demographic?

Are any of your partners, suppliers, or clientele licensed marijuana-related businesses (MRB) or business owners?

Yes (if yes, answer additional questions below) No

Who are your MRB partners and suppliers?

What is the role of your MRB partners and suppliers with your company?

NAME OF ACCOUNT SIGNER COMPLETING FORM

SIGNATURE

DATE