

BUSINESS MEMBERSHIP & ACCOUNT OPENING CHECKLIST

Welcome to BECU. Opening an account is easy. Here's what you'll need to get started:

FOR ALL NEW BUSINESS MEMBERSHIPS	INDIVIDUALS WHO MUST SIGN THE APPLICATION					
☐ BECU Business Membership Application (available online or at any BECU location)	Sole Proprietorship or LLC opened with an SSN					
□ Business Taxpayer Identification Number	Business Owner					
(EIN or TIN issued by the IRS, or SSN) ☐ Unified Business Identifier (UBI) number (Refer to your business license)	LLC with EIN, General Partnership, Limited Partnership, or Corporation (including non-profit All Owners with 25% or more ownership OR					
□ NAICS code (Locate your NAICS code on the census.gov/naics website, your Federal Tax return, or your Schedule C.)	☐ One Governing Person (as listed on the Washington Secretary of State website) for instances in which no one owns 25% or more					
DACED ON VOUR BUCINESS TYPE	BUSINESSES IN WASHINGTON STATE					
BASED ON YOUR BUSINESS TYPE Sole Proprietorship Business Owners and Authorized	When processing your membership, BECU verifies the Business and Business Owners using one of two Washington state websites:					
Signers provide the following:	Sole Proprietorship or General Partnership: Department of Revenue My DOR website					
☐ Personal identification (current driver's license or state-issued identification card)	☐ Status is open and active					
□ Business Taxpayer Identification Number	☐ Verfiy Business name and address					
Partnership, LLC, or Corporation	☐ Sole Proprietor on the application is listed as one of the Governing people					
Individual opening the membership, Business Owners with 25% or more ownership, and each	 Corporation, LLC, or Limited Partnership: Secretary of State website ☐ Status is open and active 					
Authorized Signer provide the following:						
☐ Personal identification (current driver's license or state-issued	☐ Verify Business name and address					
identification card)	\square At least one of the individuals requesting to					
☐ Business Taxpayer Identification Number	open a membership is listed as Governor					
On behalf of the Business, provide:						
☐ Completed and signed BECU Certification Regarding Beneficial Owners of Legal Entity Members form (available online or at any BECU location)						

For more information, call 800-704-8080 or visit any BECU location.

Account opening and documentation requirements for your business may be different than stated above and may change based on the legal structure of your business. All accounts are subject to approval.



BUSINESS MEMBERSHIP & DEPOSIT ACCOUNT ROLES - SOLE PROPRIETORS

When you apply for a business membership and open checking, savings, money market, and/or CD accounts with BECU, you specify what individuals in your organization are authorized to do (their role) within the accounts. Unless you designate an individual as an Account-Only Authorized Signer, the authority you specify for an individual will apply to all deposit accounts.

Summary of Roles (see Business Account Agreements for more information):

1. Authorized Signer:

Best if: You want the individual to have authority to act on behalf of the business and to transact on **all of your business accounts.** The individual will have the authority to:

- » Change business address and phone number
- » Add or remove Agents or Non-Authorized Agents
- » Open or close deposit accounts or services
- » View or access information on all business accounts through ATMs, telephone, in person, or Online Banking, including viewing eStatements
- » Perform transactions on all business accounts, including withdrawals, transfers, bill pay, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

2. Agent

Best if: You want the individual to be able to view information about all of your business accounts and have limited transaction authority on all the accounts. The individual will not to have the authority to act on behalf of the business. The individual will have the authority to:

- » Access information on all of your business accounts in person or by calling the BECU (Note: An Agent cannot use Online Banking)
- » Perform transfers between all accounts within the same business

3. Non-Authorized Agent

Best if: You want the individual to be able to view information about all of your business accounts. The individual will not have the authority to act or transact on behalf of the business and the accounts. The individual will have the authority to:

» Access information on all of your business accounts in person or by calling BECU (Note: A Non- Authorized Agent cannot use Online Banking)

4. Account-Only Authorized Signer:

Best if: You want the individual to have authority to transact on a specific account only. The individual will have the authority to:

- » View or access information about the specific business account through ATMs, telephone or in person
- » Perform transactions on that specific account, including withdrawals, transfers, wire transfers, writing checks, placing/canceling stop payments, linking accounts for NSF/Overdraft Protection, changing account types, and ordering checks, debit cards, or ATM cards

NOTE: Account-Only Authorized Signers cannot use Online Banking to view information about the account or perform transactions.

5. Only Owners or the Control Person can:

- » Change the business name
- » Add or remove Authorized Signers

BUSINESS MEMBERSHIP APPLICATION - SOLE PROPRIETORS



Welcome to Boeing Employees' Credit Union (BECU). All information is required unless otherwise noted. Please complete application, sign in ink, and bring to a BECU location to apply. If you have any questions, please contact a BECU representative at 800-233-2328.

1. Business Information and O	wnership)					
BUSINESS NAME OR TRADE NAI		SOLE PROPRIETOR NAME (Tax ID owner)					
FEDERAL TAX ID NUMBER		∃EIN □ITIN □SSN	STATE UNIFIED BUSIN	ESS IDEN	TIFIER (UBI) NUMBER		
BUSINESS LOCATION / STREET /	ADDRESS			CITY			
STATE / PROVINCE		ZIP / POSTAL CODE			DUNTRY		
MAILING ADDRESS (if different fro	m above)	C		CITY	ТҮ		
STATE / PROVINCE		ZIP / POSTAL CODE C			OUNTRY		
BUSINESS PHONE		EMAIL ADDRESS (optional)*					
*By providing your email address, you	agree that E	 BECU may electronically se	end you marketing informatio	n about our	products and services.		
2. Government Required Infor	nation						
Federal law requires all financial inverifying, and recording information				n and mone	ey laundering activities by obtaining,		
☐ I acknowledge my business does currency, operating internet gambling products). Initials:							
Does the business derive income from a marijuana related business?		What is the percent of income from the marijuana industry?			Are you the owner or co-owner of any licensed marijuana related business?		
☐ Yes ☐ No					☐ Yes ☐ No		
Is this a hemp related business?		Does your business derive income from businesses operating in the hemp industry?			If yes, what is the percent of income from the hemp industry?		
☐ Yes ☐ No	[☐ Yes ☐ No					
Is this a cannabidiol related (CBD) business?		Does your business derive income from businesses operating in the CBD industry?			If yes, what is the percent of income from the CBD industry?		
☐ Yes ☐ No	Yes □ No □ Yes □ No						
Is your business a non-profit?		Do you haveany individuals or entities outside of the U.S. that donate money/resources, volunteer, or provide charitable services?			the primary country involved?		
☐ Yes ☐ No							
Do you offer loans to your customers?		Do you own, operate, or replenish an ATM?			How many ATMs do you own, operate, or replenish?		
☐ Yes ☐ No		☐ Yes ☐ No					
State of entity formation	Date busin	ness established	Country where business e	stablished	Number of employees		
NAICS code*		Type of business / primary	function	Do you have accounts for this business with an institution other than BECU?			
				☐ Yes	□ No		

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2. Government Required Inform	nation (continued)						
Anticipated Transaction Information							
ESTIMATED ANNUAL SALES/REVER		#000 000	NA 000 000	00 000			
	,000 - \$499,000 ☐ \$500,000 Monthly amount of domestic w			unt of domestic wires received:			
Will your business send or receive domestic wire transfers?		☐ \$100,001-\$250,00					
☐ Yes ☐ No		□ \$500,001+; □ N/	/A 🗆 \$250,001-	-\$500,000; □ \$500,001+; □ N/A			
Will your business send or receive international wire transfers?	Monthly amount of internation			unt of international wires received:			
☐ Yes ☐ No		□ \$100,001-\$250,00 □ \$500,001+; □ N/		0,000			
What is the primary country involved in		□ \$300,001+, □ IN/.	/A L \$250,001-	-\$300,000, \(\sigma\) \$300,001+, \(\sigma\) N/A			
	,						
Will your business receive cash depos	sits?	Monthly amount of	cash deposits:				
		□ \$.01-\$100,000	☐ \$100,00°	1-\$250,000;			
☐ Yes ☐ No		□ \$250,001-\$500,000; □ \$500,001+; □ N/A					
Will your business make cash withdra	wals?	Monthly amount of					
☐ Yes ☐ No		□\$0-\$19,000,	\$20,000	+; □ N/A			
Will your business make check depos	its?	Monthly amount of ☐ \$.01-\$100,000	check deposits:	1 \$250 000			
☐ Yes ☐ No		□ \$250,001-\$500,					
Will your business make check payme	ents?	Monthly amount of					
		□ \$.01-\$100,000	□ \$100,00°	1-\$250,000;			
☐ Yes ☐ No		□ \$250,001-\$500,	,000; 🗆 \$500,00	1+; □ N/A			
What is the purpose or types of transa		nt(s) will be used:					
☐ Operating / General purpose	☐ Savings / Investment						
*North American Industry Classification	System is the standard used by Fed	eral Statistic Agencies	s to classify busines	ss establishments.			
3. Certificate of Authority and I	Membership Agreements						
By signing below: 1. The business owner(s) certify that they are authorized to enter into this Agreement, apply for and maintain membership, sign up for additional products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action hereto taken by any business owner is hereby ratified and confirmed. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on behalf of the business. 2. The business, business owner(s) and each authorized signer(s), (collectively "You"), acknowledge and agree; that the information You provided is accurate, complete, and true and that You have instructed BECU as to the proper title of the account and we may rely on the information in our dealings with You, now and in the future; that BECU may receive information about the business and the business owner's credit history and performance from others, including credit reporting agencies; to the terms and conditions contained in this application. 3. You have reviewed and will retain for Your records the BECU Business Account Disclosure and Business Account Agreements, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure, and You acknowledge their receipt and agree to their terms. 4. The business authorizes persons identified in section 4 below as Additional Authorized Signers. Taxpayer Identification Number Certification and Backup Withholding Information By signing below, You certify in accordance with the Internal Revenue Service (IRS) W-9 instructions and under penalties of perjury that: 1. The number shown on this form is Your correct taxpayer identification number (or You are waiting for a number to be issued to You), and 2. You are not subject to backup withholding as a result of a failure to report all interest or dividends, or (b) You have not been notified by the IRS that You are no longer sub							
information that will allow us to identify You. We may also ask to see Your driver's license or other identifying documents. BUSINESS OWNER AND AUTHORIZED SIGNER (1) SSN / TIN							
CONTACT NUMBER	☐ Home ☐ Mobile ☐ Work	DATE OF BIRTH	MOTHER'S MAID	DEN NAME			
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED			

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3. Certificate of Auth	ority and	Members	hip Agreem	ents (cont	inued)				
STREET ADDRESS					CITY				
STATE / PROVINCE	PROVINCE ZIP / POSTAL CODE				COUNTRY				
Non-resident alien?	If non-resid	dent alien, c	ountry of origi	n:					
☐ Yes ☐ No									
SIGNATURE			TITLE			DATE			
BUSINESS OWNER AND AUTHORIZED SIGNER (2)					SSN / TIN		1		
CONTACT NUMBER		☐ Home	☐ Mobile	□ Work	DATE OF BIRTH	MOTHER'S MAIE	DEN NAME		
VALID PICTURE ID NUN	MBER	ID TYPE			ISSUE DATE	EXPIR. DATE	STATE & COL	JNTRY ISSUED	
STREET ADDRESS						CITY			
STATE / PROVINCE			ZIP / POST/	AL CODE		COUNTRY	COUNTRY		
Non-resident alien?	If non-resid	dent alien, c	ountry of origi	n:					
☐ Yes ☐ No									
SIGNATURE				TITLE				DATE	
4. Additional Authori	zed Siane	ers (option	al)						
Authorized Signers are a			•	lose deposi	t accounts or servic	es, and add or rem	ove Agents or N	Ion-Authorized Agents	
on all business deposit									
AUTHORIZED SIGNER		nies, resiric	tions, and iimi	tations on A	ations on Authorized Signers. Each new Authorized Signer must sign below. SSN / TIN				
CONTACTALLINADED					DATE OF BIDTIL	MOTUEDIO MAIE	SENIALARAE		
CONTACT NUMBER		☐ Home	☐ Mobile	☐ Work	DATE OF BIRTH	MOTHER'S MAID	JEN NAME		
VALID PICTURE ID NUM	/BER	ID TYPE			ISSUE DATE	EXPIR. DATE	STATE & COU	JNTRY ISSUED	
STREET ADDRESS						CITY			
STATE / PROVINCE			ZIP / POST/	AL CODE		COUNTRY			
Non-resident alien?	If non-resid	dent alien, c	ountry of origi	n:					
☐ Yes ☐ No								I= -==	
SIGNATURE				TITLE				DATE	
AUTHORIZED SIGNER	(2)					SSN / TIN		1	
CONTACT NUMBER		□ Home	☐ Mobile	□ Work	DATE OF BIRTH	MOTHER'S MAIL	DEN NAME		
VALID PICTURE ID NUM	MBER	ID TYPE			ISSUE DATE	EXPIR. DATE	STATE & COU	JNTRY ISSUED	
STREET ADDRESS		•				CITY	1		
STATE / PROVINCE			ZIP / POST/	AL CODE		COUNTRY			
Non-resident alien?	If non-resid	dent alien, c	ountry of origi	n:		I			
☐ Yes ☐ No									
SIGNATURE	ı			TITLE				DATE	

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5. Agents* and Non-Authorized Agents** (ID and address for authentication purposes)									
*Agents have no authority to act on behalf of the business. Agents may access information on all business accounts in person or by calling BECU,									
and may perform tran							harden and a second a blanch Andharitand		
**Non-Authorized Agents have no authority to act on behalf of the business and no transaction authority on the business accounts. Non-Authorized Agents may only access information on all your business accounts in person or by calling BECU.									
NAME (1)	, oo iiiioiiiiatioii				SSN / TIN		MOTHER'S MAIDEN NAME		
10 an = (1)			☐ Agent		00117 1111	BATE OF BITTE	WIGHT ETT S WIN WEET TO WILL		
VALID DICTURE ID N	ILIMDED	ID TYPE	☐ Non-Authorized		ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED		
VALID PICTURE ID N	IUWIDER	IDITPE			1330E DATE	EAPIR. DATE	STATE & COUNTRY ISSUED		
STREET ADDRESS						CITY			
STATE / PROVINCE			ZIP / POSTAL CO	ODE		COUNTRY	COUNTRY		
NAME (2)			☐ Agent		SSN / TIN	DATE OF BIRTH	MOTHER'S MAIDEN NAME		
			☐ Non-Authorized /	Agent					
VALID PICTURE ID N	IUMBER	ID TYPE		_	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED		
STREET ADDRESS						CITY			
STATE / PROVINCE			ZIP / POSTAL CO	ID / DOSTAL CODE		COUNTRY			
STATE / PROVINCE			ZIF / FOSTAL CODE			OOMINI			
6. Deposit Produc									
A Business Members for rates and fee sche							BECU Business Account Disclosure		
ACCOUNT (1)	edule. Visit bect	i.org for auc	illonal illiorniation c	Jii Oui	products and ser	vices.			
☐ Business Member	Share Savings	(required)							
ACCOUNT (2)	9-	(
☐ Business Basic Ch	neckina 🗆	Business Ir	nterest Checking	□ Ві	usiness Money M	larket Account	☐ Business Savings		
ACCOUNT (3)									
					☐ Business Savings				
ACCOUNT (4)							<u> </u>		
						☐ Business Savings			
7. ATM / Debit Cards for Authorized Signers Use this section to select deposit account card types for Authorized Signers. Note: Selecting cards for Authorized Signers is optional.									
							red Signers is optional.		
OWNER / AUTHORIZ			osit-Only Card		AUTHORIZED S		☐ ATM Deposit-Only Card		
		<u>'</u>	osit-Only Card		☐ Debit Card		☐ ATM Deposit-Only Card		
OWNER / AUTHORIZ	•		oit Only Card		AUTHORIZED S		ATM Deposit Only Cord		
□ Debit Card □ ATM Card □ ATM Deposit-Only Card □ Debit Card □ ATM Card □ ATM Deposit-Only Card									
BASIS FOR ELIGIBILITY									
I	NEW ACCOUN	T NUMBER	RS						
BECU Use Only									
Ī	DATE	REP	O	wners	and authorized s				
] IDV \	verified 🔲 C	ualiFile®	OFAC on business name		