



Business Account Questionnaire

The Questionnaire MUST be Completed for ALL New Business Members before opening ANY accounts.

Note: Self-Help Federal Credit Union DOES NOT open accounts for any entities offering services related to MSB's, marijuana, gambling or third party ACH services.

Organization Name			Tax Identification Number	
Second Name Line			Date of Incorpor./Establishment	
Physical Address			City	State Zip
Business Phone	Contact Person	E-Mail Address		
Name of Person Opening Account		Type of Legal Entity for Which the Account is Being Opened		

I. Beneficial Owner Information

Section I – Ownership

Required for Corporations LLCs, LPs, GPs and Business Trusts *unless a non-profit entity

The following information for each individual, if any who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed.

Note: For Foreign Persons: Passport Number and Country of Issuance (or similar identification number) For US Persons: Social Security Number

Check here ☐ if no individual meets this definition and complete Section II or III if applicable

Name		Address		
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance	
Name		Address		
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance	
Name		Address		
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance	
Name		Address		
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance	

Section II – Control

***Required for Charities/Non-Profit Entities, Corporations, LLCs, LPs, GPs and Business Trusts**

The following information for one individual with significant responsibility for managing the legal entity listed above such as an executive officer or senior manager (Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) OR Any individual who performs similar functions.

Name		Address		
Date of Birth	Social Security Number	Passport Number (or similar identification number)	Country of Issuance	

Section III – Not Applicable

Complete for Sole Proprietorships or Unincorporated Associations

Check here ☐ if beneficial ownership is not required based on entity type.

II. Business Activity

1. Are you an Agent of a Money Services Business (e.g. Sigue, Money Gram, etc.)? If Yes list the names of the MSBs with whom you have an agent agreement. (e.g. Sigue, MoneyGram, etc.)						<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you offer any of the following products/services?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Check one or all of the products/services you offer (if applicable):	<input type="checkbox"/> Check Cashing	<input type="checkbox"/> Money Transmission	<input type="checkbox"/> Currency or Virtual Currency, including Bitcoin Sale & Exchange	<input type="checkbox"/> ATM services	<input type="checkbox"/> Sale of Stored Value Cards	<input type="checkbox"/> Issuer/Seller of Travel Checks & Money Orders
3. If you offer any of the above listed products/services, do you conduct more than \$1,000 in business/day with one person in one or more transactions? (e.g. cash checks for an individual aggregating to \$1,000 or more/day)						<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you cash checks for your customers, do you charge a fee?						<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a. Does the business manufacture, distribute, or dispense any type of marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No						
b. Does the business sell paraphernalia, such as vaporizers, glass pipes, detoxification liquids, bongs, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide specifics of what types of paraphernalia is sold. _____						
c. Does the business have clients/customers who provide marijuana related goods/services? <input type="checkbox"/> Yes <input type="checkbox"/> No						

6. a. Does the business operate as a casino or engage in gaming (poker, bingo, video gaming dealing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Are there prizes/rewards received for playing the machines? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Are the machines associated with or placed in any internet sweepstakes cafes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
III. Business Profile Questionnaire	
1. Have any of your authorized signers/owners held a public office position in the past 12 months with a foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list the name(s) of the individual(s), the position(s) held and the foreign government entity. Name: _____ Position Held/Foreign Government Entity _____ _____ _____	
2. a. Does the business send money on your customers' behalf electronically from one location to another? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Does the business perform merchant services for your customers that includes ACH transactions or electronic activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. What types of deposits will the business make at the Credit Union?	
DEPOSITS: <input type="checkbox"/> Wire Transfers <input type="checkbox"/> Cash <input type="checkbox"/> Electronic <input type="checkbox"/> Checks <input type="checkbox"/> Other (please describe) _____ (PayPal, Venmo CashApp, Square, transfers between institutions, etc.)	
4. What types of withdrawals will the business make at the Credit Union?	
WITHDRAWALS: <input type="checkbox"/> Wire Transfers <input type="checkbox"/> Cash <input type="checkbox"/> Electronic <input type="checkbox"/> Checks <input type="checkbox"/> Other (please describe) _____ (PayPal, Venmo CashApp, Square, transfers between institutions, etc.)	
5. a. What is the estimated monthly total of wire transactions that the business expects to send? Estimated Total/Month: _____	
b. What is the estimated monthly total of wire transactions that the business expects to receive? Estimated Total/Month: _____	
WIRE TRANSFERS:	If you engage /will engage in wire transfers, list all countries you would transfer money to and from:
COUNTRIES TO:	COUNTRIES FROM:
6. a. What is the estimated monthly total of electronic transactions that the business expects to send? Estimated Total/Month: _____	
b. What is the estimated monthly total of electronic transactions that the business expects to receive? Estimated Total/Month: _____	
7. a. Approximately how much cash does the business expect to deposit each month? Estimated Total/Month: _____	
b. Approximately how much cash does the business expect to withdraw each month? Estimated Total/Month: _____	
8. a. What is the estimated monthly total of checks the business expects to deposit? Estimated Total/Month: _____	
b. What is the estimated monthly total of checks the business expects to write? Estimated Total/Month: _____	
9. Briefly describe the nature of the business (must be specific, i.e. computer consulting, grocery store, healthcare provider etc.):	
10. What kind of business accounts are you interested in opening with Self-Help? (i.e. checking account for operating expenses, savings account for business reserves, etc.):	
I, _____ (name of natural person opening account) hereby certify, to the best of my knowledge that the information provided above is complete and correct. I also certify that I will notify the financial institution of any changes in such information.	
Signature _____ Date _____	
FOR OFFICE USE ONLY	Branch: _____ Name of MSR: _____



Membership / Account Application Business & Nonprofit Organization

Member # _____ (To be provided by the Credit Union)
Self-Help Federal Credit Union, including its divisions may be referred to as "Credit Union."

Select Entity Type	Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Unincorporated Association	Limited Partnership	Not Offered: Money Services Business/Virtual Currency	Not Offered: Marijuana Related Businesses
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Important Information About Procedures for Opening a New Account

To help the government fight the funding of 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. What this means to you: When you open an account, we will ask for your name, address, date of birth or other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Organization Name			Tax Identification Number		
Second Name Line			Date of Incorporation / Establishment		
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Business Phone	Business Fax	E-Mail Address			

Membership Eligibility: Select Employee Group or Association

Center for Community Self-Help membership (\$5 Membership fee required) [The Center for Community Self-Help is a 501(c)(3) nonprofit corporation dedicated to creating and protecting ownership and economic opportunity for all, especially for people of color, women, rural residents, and low-wealth families and communities. The Credit Union is affiliated with the Center for Community Self-Help.] I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$5 membership contribution to CCSH.

Group or Association

Unlawful Internet Gambling Enforcement Act of 2006 (UIGEA) - Regulation GG

In accordance with provisions of the Unlawful Internet Gambling Act of 2006 and Regulation GG which are effective June 1, 2010, restricted transactions are prohibited from being processed through your account or relationship with the Credit Union. "Restricted transaction" means any transaction in which a person knowingly accepts, in connection with participation in unlawful internet gambling (i) credit or the proceeds of credit (ii) electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers or (iii) checks, drafts, or any similar instruments. By signing below, the signers certify on behalf of the Business that it does not engage in internet gambling business.

Money Services Business Certification

I (We) certify that I (we) are not a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Cashier, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Checks or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and US Postal Service.

Authorized Signature:

Date

FOR OFFICE USE ONLY

Branch:

Name of MSR:



Member deposits are insured up to \$250,000 by the National Credit Union Administration (NCUA).



Signature Card (Business)

Product Selection & Authorized Signers

Select Product(s)	Business Savings or Share Account	Business Checking Account	Non-Profit Checking Account	Money Market Account	Certificate of Deposit	Other Product: _____
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Organization Name: _____ Member #: _____

TIN #: _____

Suffix #: _____ Suffix #: _____ Suffix #: _____

Type of Business: _____

Authorized Signer's Information						
Name				Social Security Number		
ID Type	Number/Value	Issued By		Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone	Cell Phone		E-Mail Address		
Employer		Work Phone		Occupation		

Authorized Signer's Information						
Name				Social Security Number		
ID Type	Number/Value	Issued By		Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone	Cell Phone		E-Mail Address		
Employer		Work Phone		Occupation		

Substitute W-9 - TIN Certification	
Each signer certifies in accordance with IRS W-9 instructions and under penalties of perjury, that:	
1. The number shown on this form 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 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.	
3. I am a U.S. person (including a US resident alien). [Cross out item 3 if you are not a U.S. person, and initial here: _____]	

Agreement and Authorization Signatures	
By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time which are incorporated therein. I/we acknowledge receipt of the abovementioned disclosures, and any agreements and disclosures applicable to the accounts and services requested herein. Additionally, I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.	
I/we understand that in order to become, and remain, an active member of the Credit Union, a minimum of \$5 must be maintained on account with the Credit Union.	
Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if my/our membership has not already been established. I/we hereby authorize the Credit Union to open the account(s). Furthermore, I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$5 membership contribution to CSH (if applicable). As authorized signer(s) of the business/organization, I/we hereby authorize the Credit Union to open the account(s).	
Authorized Signer	Date
Authorized Signer	Date



Member deposits are insured up to \$250,000 by the National Credit Union Administration (NCUA).

7 cfdcfUHY#6 i g]bYgg#0 bh]miF Ygc`i h]cb`UbX`G][bUhi fY`5 i A cf]hm

Designating Self-Help Federal Credit Union ("Credit Union") as Depository

A. Business / Organization (Account Holder): _____

Address: _____
Street City State Zip Code

Taxpayer ID Number: _____ Phone Number: _____

Ownership Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other (specify): _____

Each signer affirms the following: Under penalties of perjury, I certify (1) that the number shown on this form is the Account Holder's correct Taxpayer Identification Number and (2) that the Account Holder is not subject to backup withholdings either because it has not been notified that it is subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified it that it is no longer subject to backup withholding (if you are subject to backup withholding, mark out statement 2 and initial this paragraph). This agreement also applies to other deposit and savings accounts.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

The signature(s) on this agreement should match the signature(s) on the account application form. In the event of any difference, this Resolution & Signature Authority will be the ruling document.

Account # _____
(for credit union use only)

B. Name(s) of Authorized Signer(s) on the Account	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be it Hereby Resolved (Authorized):

That Self-Help Federal Credit Union, (hereafter referred to as the Credit Union) is designated as a depository for the funds of this Organization.

1. Resolved, that the deposit and/or term certificates be opened and maintained in the name of this Organization with the Credit Union in accordance with the applicable rules and regulations for such accounts, including, but not limited to, the Membership Agreement and other disclosures and rate & fee schedules; that any one of the above officers, employees, partners, members or managers of this Organization is/are hereby authorized on behalf of this Organization and in its name to sign checks, drafts, notes, bill of exchanges, acceptances, term certificates, or other orders for the payment of money; to endorse checks, notes, bills, term certificates, or other instruments owned or held by this Organization for deposit with the Credit Union or for collection or discount by the Credit Union to accept drafts, acceptances, and other instruments payable at said Credit Union; to place orders with the Credit Union for the purchase and sale of foreign currencies on behalf of this Organization; to execute and deliver an electronic funds transfer agreement and to appoint and delegate, from time to time, such persons who may request transfers on behalf of the Organization; to waive presentment, demand, protest, and notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn or endorsed by the organization. And the above "Specimen Signatures" are the true and actual signatures of such authorized officers, employees, partners, members, or managers of this Organization; and,

2. Further Resolved, that the Credit Union be and it hereby is authorized to honor, receive, certify, or pay all instruments signed in accordance with the foregoing resolution even though drawn or endorsed to the order of any officers, employees, partners, members or managers signing the same or tendered by him cashing, or in payment of the individual obligation of such officer, employee, partner, member or manager, or for deposit to his or her personal account, and the Credit Union shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolution, or the application or disposition of such instrument or the proceeds thereof; and,

3. Further Resolved, that the Credit Union is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Organization's name, including those payable to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the specified number of the foregoing officers, employees, partners, members or managers of this Organization, and the Credit Union shall be entitled to honor and to charge this Organization for such checks, drafts, or other orders, regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signatures resemble the facsimile specimen duly certified to or filed with the Credit Union by the Secretary, Assistant Secretary or other authorized officer of this organization or manager or member (if a limited liability company); or general partner (if a general or limited partnership) and,

4. Further Resolved, that the Secretary, Assistant Secretary, or other authorized officer, partner, or manager of this Organization shall certify to the Credit Union that the name of the persons who are at present authorized to act on behalf of this Organization under the foregoing resolutions and shall from time to time hereafter, as changes in the personnel of said officers, members or managers and employee are made, immediately certify such changes to the Credit Union by submission of a new Resolution and Signature Authority (with new signatures), and the Credit Union shall be fully protected in relying on such certifications of the Secretary, Assistant Secretary or other authorized officer, member or manager and shall be indemnified and saved harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the signature of any officer, employee, partner, member or manager so certified, or refusing to honor any signature not so certified; and,
5. Further Resolved, that the foregoing resolutions shall remain in full force and effect until written notice of their rescission shall have been received by the Credit Union and apply to any and all deposit accounts and/or term certificates in the name of this Organization, regardless of whether the account number assigned by the Credit Union appears or does not appear on the face of this form or Resolution and Signature Authority; and that receipt of such notice shall not affect any action taken by the Credit Union prior thereto; and,
6. Further Resolved, that all transactions by any of the officers, employees, partners, members, or managers of this Organization on its behalf, and in its name, with the Credit Union prior to the delivery to the Credit Union of a certified copy of the foregoing resolution are, in all respects, hereby ratified, confirmed, approved, and adopted; and,
7. Further Resolved, that the Secretary, Assistant Secretary or other authorized officer, partner, members, or managers be, and hereby is, authorized and directed to certify these resolutions to the Credit Union and that the provisions thereof are in conformity with the Charter and Bylaws, Articles of Incorporation, Articles of Organization, Operating Agreement and/or Partnership Agreement of this Organization.

The Undersigned Organization certifies that its appropriate officers, employees, directors, partners, managers and/or member have read, understand and agree and the Undersigned Organization understands and agrees to (a) the terms and conditions appearing on the Resolution and Signature Authority; and (b) the terms and conditions of the depositors' membership agreement and disclosures and fee schedule (which were furnished separately and the receipt of which is hereby acknowledged).

C. THIS SECTION IS ONLY FOR CORPORATIONS AND INCORPORATED ASSOCIATIONS.

I, the undersigned, hereby certify to the Credit Union that I am the Secretary/Assistant Secretary of:

(Name of Business/Organziation)

and that the Board of Directors of said Organization at a meeting at which a quorum was present adopted this Resolution and Signature Authority, and that such Resolution and Signature Authority is in full force and effect and has not been amended or rescinded.

In witness whereof, I have hereunto set my hand and the seal of the Corporation/Association

this _____ day of _____, _____
Secretary's Signature

D. THIS SECTION IS FOR PARTNERSHIPS, LIMITED PARTNERSHIPS, UNINCORPORATED ASSOCIATIONS, LIMITED LIABILITY COMPANIES (LLC & PLLC), AND SOLE PROPRIETORSHIPS.

- The following designated signatures are required to certify this authorization to be correct:
- Partnerships, Limited Partnerships and Limited Liability Partnerships (LLPs) require signatures of two Partners, unless there is only one General Partner, in which case the signature of the sole General Partner is required and is sufficient.
 - Unincorporated Associations require two signatures. However, if the association does not have governing body/elected officers, it will require only one signature.
 - Limited Liability Companies and Professional Limited Liability Companies (LLCs and PLLCs) require signatures of either two Members or two Managers, unless there is only one Manager, in which case the signature of the sole Manager is required and is sufficient. LLC and PLLC accounts also require a copy of the Articles of Organization attached to this form. (No certification required if individual does business in his/her own name).
 - Sole Proprietorships require the proprietor's (owner's) signature, and Assumed Name or similar legal certificate showing business name.

I (We) certify this Resolution and Signature Authority to be correct.

Signature(s)	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Owner/Signer #1

Demographic Information

Providing this additional information is optional. We ask for it because it helps us to better understand who our members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the credit union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender or sexual preference.

1. What is your primary racial background? ☐ African American / Black ☐ White ☐ Native Hawaiian/ Other Pacific Islander
☐ American Indian / Alaskan Native ☐ Asian ☐ Other (please identify) _____
2. What is your primary ethnic background? ☐ Hispanic / Latino ☐ Non- Hispanic
3. What is your gender? ☐ Male ☐ Female
4. What is your approximate household income? ☐ <\$25,000 ☐ \$25,000 - \$34,999 ☐ \$35,000 - \$44,999 ☐ \$45,000 - \$54,999
☐ \$55,000 - \$64,999 ☐ \$65,000 - \$74,999 ☐ \$75,000 - \$84,999 ☐ \$85,000 - \$94,999
☐ \$95,000 - \$104,999 ☐ \$105,000 - \$114,999 ☐ >\$115,000
5. I prefer not to share this information with the Credit Union _____

Business Owner/Signer #2

Demographic Information

Providing this additional information is optional. We ask for it because it helps us to better understand who our members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the credit union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender or sexual preference.

1. What is your primary racial background? ☐ African American / Black ☐ White ☐ Native Hawaiian/ Other Pacific Islander
☐ American Indian / Alaskan Native ☐ Asian ☐ Other (please identify) _____
2. What is your primary ethnic background? ☐ Hispanic / Latino ☐ Non- Hispanic
3. What is your gender? ☐ Male ☐ Female
4. What is your approximate household income? ☐ <\$25,000 ☐ \$25,000 - \$34,999 ☐ \$35,000 - \$44,999 ☐ \$45,000 - \$54,999
☐ \$55,000 - \$64,999 ☐ \$65,000 - \$74,999 ☐ \$75,000 - \$84,999 ☐ \$85,000 - \$94,999
☐ \$95,000 - \$104,999 ☐ \$105,000 - \$114,999 ☐ >\$115,000
5. I prefer not to share this information with the Credit Union _____

Business Owner/Signer #3

Demographic Information

Providing this additional information is optional. We ask for it because it helps us to better understand who our members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the credit union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender or sexual preference.

1. What is your primary racial background? ☐ African American / Black ☐ White ☐ Native Hawaiian/ Other Pacific Islander
☐ American Indian / Alaskan Native ☐ Asian ☐ Other (please identify) _____
2. What is your primary ethnic background? ☐ Hispanic / Latino ☐ Non- Hispanic
3. What is your gender? ☐ Male ☐ Female
4. What is your approximate household income? ☐ <\$25,000 ☐ \$25,000 - \$34,999 ☐ \$35,000 - \$44,999 ☐ \$45,000 - \$54,999
☐ \$55,000 - \$64,999 ☐ \$65,000 - \$74,999 ☐ \$75,000 - \$84,999 ☐ \$85,000 - \$94,999
☐ \$95,000 - \$104,999 ☐ \$105,000 - \$114,999 ☐ >\$115,000
5. I prefer not to share this information with the Credit Union _____