

Thank you for your interest in opening an account for your business at BCU.

What is in this business account packet?

- **Business Deposit Products** – Explains the benefits of our various business accounts plus gives you the eligibility requirements for a BCU Business Account.
- **Business Account Checklist** – A helpful guide to get you started.
- **New Business Account Opening Documentation Addendum** – Must be filled out in its entirety.
- **Specialty Business Designation Form** - Review the options and see top of page for instructions.
- **Business Member Service Application** – Please see top of application for instructions. *Don't forget to sign the bottom of the application.*
- **Certification of Ownership & Control of Your Business** – This form must be filled out by all types of business entities except for *Sole Proprietorships*. Please see the top of the form for information on its purpose and instructions on how to complete it. *LLC's and Corporation's must complete this form in its entirety. Don't forget to sign the bottom of the form.*
- **Please review the Business Account checklist for additional Business documents needed to open the business account.** **Please include documentation needed with the application forms.*
- **Wire Transfer Agreement for Business Accounts** – This form is required to be filled out for compliance purposes whether or not you anticipate requesting wire transfers.

What else do I need to know to make opening my business account run smoothly?

- If you are an existing BCU member either on the personal or business side, those accounts will need to have no negative history for six months in order to be eligible for a business account.
- When the business account is opened, all personal and other business accounts will need to remain in good standing in order to keep the business account open.
- Please ensure any credit bureau freezes or warnings are removed for BCU to complete the soft credit pull that allows us to identify you. This is a soft pull and does not go against your inquiries.
- If you are registered with your state's Secretary of State, your registration number must be active.
- The NAICS code for your business type can be found at NAICS.com/search.

How long until my business account is opened?

- After all complete paperwork is received, the account will be opened within 1-3 business days if approved. We will review and may contact you for additional information via email or by phone in order to complete the account opening. You will receive a secure email to the business email address with the business member number and instructions for setting up online banking.

Where do I send my business account paperwork for account opening?

- You may drop off or complete your business account paperwork at your local service center
- Forward all documents to BCU by uploading them to your personal Online Banking via secure Message Center, and put "ATTN: New Business Account" in the subject line.
- Email all documents to businessaccountopening@bcu.org

How do I fund my new business account?

- Making a deposit at your local service center
- External transfer available through Online Banking
- Member to Member transfer available through Online Banking

Any questions, please call Member Relations at **800-388-7000**.

Thank you,
BCU

Business Deposits Consider Us Your Business Partner



340 N. Milwaukee Ave.
Vernon Hills, IL 60061
Toll Free: 800-388-7000
www.bcu.org

Whether your business is new or established, we'll help you determine your business' financial needs and assist you in selecting the account options to help it thrive.

*Opening a regular savings share account is required for membership.

Business Checking Accounts

With a Standard or Premier Checking account, get quick access to your funds with best-in-class deposit terms. Choose the account that's right for your business, visit www.bcu.org for account details.

Business Certificate of Deposit

Maximize your earnings with a certificate of deposit. With just \$500, you can open a fixed-rate certificate with very competitive rates, and terms ranging from 90 days to 60 months.

Business Money Market Account

Use a money market account to achieve your short to medium range savings goals. With our tiered rates, you can enjoy increased earnings.

Additional Accounts & Services

- Commercial and Business Lending
- Commercial Real Estate Loans
- Business Visa® Credit Card
- Online Banking & Bill Pay
- Mobile Banking
- Deposit Anywhere
- Merchant Card Processing and Payroll Services

Business Membership Qualifications

Business must be located in the Community Charter area or one or more of the business's owners, partners or shareholders must be eligible for individual membership.

Visa® is a registered trademark of Visa.

*Dividend rate and Annual Percentage Yield (APY) may change at any time. See Business Account Agreement, Disclosures and Fee Schedule for additional terms and conditions.

*Zelle is not currently available for business

Go to BCU.org/Business-Banking to learn more

All Business Accounts must be opened with the proper documentation.

1) The business member must complete and submit the following documents:

- ☐ Member Business Services Application
- ☐ New Business Account Addendum
- ☐ Specialty Business Designation Form
- ☐ Certification of Ownership & Control of Your Business (*not necessary for Sole Proprietorship*)
OR Certification of Control of Your Non-Profit Organization (*if a not-profit*)
- ☐ Copy of Government-Issued Photo ID

2) Depending on how your business is organized, we need the following supporting documents:

SOLE PROPRIETOR

- ☐ Social Security number (SSN) of the owner, Tax ID letter from IRS or first page of Business Tax Return
- ☐ Copy of filed Assumed Name Certificate (Trade Name Affidavit) or Business License

PARTNERSHIP OR LIMITED PARTNERSHIP

- ☐ Tax ID letter from IRS or first page of Business Tax Return
- ☐ Copy of Partnership Agreement
- ☐ Copy of Business License

CORPORATION OR PROFESSIONAL CORPORATION

- ☐ Tax ID letter from IRS or first page of Business Tax Return
- ☐ Copy of Articles of Incorporation
- ☐ Copy of Bylaws

LIMITED LIABILITY COMPANY/PARTNERSHIP (LLC) (LPA) (LLP) (LLLP)

- ☐ Tax ID letter from IRS or first page of Business Tax Return
- ☐ Copy of Articles of Organization/Partnership
- ☐ Copy of Operating Agreement

NON-PROFIT ASSOCIATION OR CLUB

- ☐ Tax ID letter from IRS or first page of Business Tax Return or SSN of authorized signer
- ☐ Copy of Articles of Organization and any Resolutions
- ☐ By-Laws or Meeting minutes stating the individuals or positions authorized to establish or conduct business on behalf of the club or organization, signed by the president or officers of the organization.

MUNICIPALITY

- ☐ Tax ID letter from IRS or first page of Business Tax Return
- ☐ Authorizing Resolution or Ordinance including the designation of authorized signers and/or certified minutes
- ☐ Government Charter or Enabling legislation - incorporation documents or charter

New Business Account Opening Documentation Addendum



340 N. Milwaukee Ave.
Vernon Hills, IL 60061
Toll Free: 800-388-7000

Entire form must be filled out completely.

This form is informational for BCU and may be asked for in the future. If you are a new business, please make your best estimate.

Name of Business or Organization

Business Member Number (Office Use Only)

Business Website (if applicable)

Estimated Annual Gross Income

Year Opened

NAICS Code

1. Description of Business

2. Did you work in this industry prior to opening this business? ☐ Yes ☐ No If Yes, please explain below.

3. **Citizenship:** Are you a citizen of the United States? ☐ Yes ☐ No If No, what country?

4. What is the average balance you will typically keep in this account? \$

5. Will funds be **direct deposited** into this account? ☐ Yes ☐ No

6. Will checks be deposited from business accounts or consumer accounts? ☐ Business ☐ Consumer ☐ Both Business and Consumer

7. Will any of the transaction types listed below **exceed \$2,000 per month**? ☐ Yes ☐ No

If Yes, estimate the amount per month of each transaction type or provide a current bank statement.

TRANSACTION TYPE	DEPOSITS	WITHDRAWALS
Cash or Currency	<input type="checkbox"/> Yes \$ /month	<input type="checkbox"/> Yes \$ /month
Checks	<input type="checkbox"/> Yes \$ /month	<input type="checkbox"/> Yes \$ /month
Automatic Clearing House (ACH): Electronic format for deposit or withdrawal of funds	<input type="checkbox"/> Yes \$ /month	<input type="checkbox"/> Yes \$ /month
Wire Transfers	<input type="checkbox"/> Yes \$ /month	<input type="checkbox"/> Yes \$ /month
Purchases of monetary instruments such as cashier's checks	<input type="checkbox"/> Yes \$ /month	<input type="checkbox"/> Yes \$ /month

8. Will you be initiating or receiving any international wires? ☐ Yes ☐ No

a. If Yes, indicate how many per month and the total amount.

☐ Incoming Number per month: Total amount in U.S. \$

☐ Outgoing Number per month: Total amount in U.S. \$

b. Which countries will you be primarily sending wires to or receiving wires from?

9. Will your business provide financial services to your customers, such as, but not limited to, check cashing, money transfer, currency dealing or exchange, prepaid stored value cards, money orders, travelers' checks, loans or brokerage services? ☐ Yes ☐ No

10. Are any of the owners of the business Non-Resident Aliens (NRAs) or persons who have completed IRS form W-8BEN - Certificate of Foreign Status for Beneficial Owner for United States Tax Withholding? ☐ Yes ☐ No

If yes, please list names of NRA Owners:

11. Is your business engaged in any of these activities?

Internet Gambling ☐ Yes ☐ No

Marijuana-Related Activities (Including CBD) ☐ Yes ☐ No

Virtual Currency ☐ Yes ☐ No

Firearms ☐ Yes ☐ No

Private ATM Owner ☐ Yes ☐ No

SPECIALTY BUSINESS DESIGNATION – Ver.3

Business Name: _____

The following are various types of specialty businesses. If yes is selected, please circle all that apply to your business.

Cash Intensive Business: (Examples below - at least 50% of business revenue is in cash)

- Restaurants/Food Trucks
- Convenience Stores/Gas Stations
- Retail Stores (Storefronts)
- Parking Garages
- Coin Laundry
- Vending Machines
- Car Washes
- Video Game Operators (Arcades)
- Grocery Stores
- Liquor Stores

☐ Yes ☐ No

- Tobacco Distributors
- Bars or Night Clubs
- Adult Entertainment
- Other: _____

Marijuana/Cannabis Related Businesses

- Is the business engaged in activity directly or indirectly with the cannabis/marijuana industry? (Examples: Direct Sales, Leasing to a cannabis business, consulting for cannabis companies)

☐ Yes ☐ No

Professional Service Providers (Use appropriate questionnaire)

- Legal Professionals
- Accountants/CPAs/Tax Prep
- Investment Brokers
- Payroll Services

☐ Yes ☐ No

- Consulting for any industry in this category

Real Estate Related Businesses

- Real Estate Title/Settlement Agencies
- Realtors/Real Estate Agents
- Property Rental/Management Companies

☐ Yes ☐ No

- Consulting for any industry in this category

Medical Professionals

- Doctors/Physicians
- Dental
- Hospitals/Urgent Cares
- Outpatient Care Centers
- Nursing / Assisted Living Facilities

☐ Yes ☐ No

- Substance Abuse Facilities
- Therapists

International Business Activities

- Offshore Companies
- Businesses owned by Offshore Companies
- Embassy or Foreign Consulate Accounts
- Import/Export Businesses

☐ Yes ☐ No

- International Business Corporations

Non-Government Organizations/Agencies

- Charities
- Social Advocacy/Educational Services
- Environmental
- Family Assistance
- Clubs, Troops, Sports Teams
- Other Non-Profits
- Homeowners Associations

☐ Yes ☐ No

- Consulting for any industry in this category
- Religious/Churches

Non-Bank Financial Institutions (Use appropriate questionnaire)

- Casino or Card Clubs
- Internet Gambling
- FinTECH/Other Financial Service Companies
- Insurance
- Pawn Shops
- Brokers/Dealers of Securities
- Virtual Currency Exchangers or Administrators
- Vehicle Dealerships
- Travel Agencies
- Loan Companies
- Precious Metal/Gem Dealers
- Private Investment Companies

☐ Yes ☐ No

- Art Dealers or Brokers and Auction Houses
- Consulting for any industry in this category
- Money Service Business
Activities: Issuer or Seller of Traveler's checks, Money Orders, Money Transmitter on behalf of clients (Western Union, MoneyGram, Etc.)

Third Party Payment Processor

- Operators of Credit Card Systems
- Merchant Processors

☐ Yes ☐ No

- Online Payment Providers

Other Specialty Business Categories

- Firearms Dealers
- Owners of Private ATMs
- Business Consultants
- Trucking/Transportation/Logistics
- Childcare Services
- Retail Stores (Online ONLY)
- Auto Repair/Parts Stores
- Taxi/Limousine Services
- Construction/Repair/Remodeling – All Areas

☐ Yes ☐ No

- Personal Care Services (i.e. Nail Salons, Hair Salons, Beauty Salons, Massage Parlors, or Similar)

Business Member Service Application



340 N. Milwaukee Ave.
Vernon Hills, IL 60061
Toll Free: 800-388-7000

In order to start your account(s) and services for your business or organization at BCU, please complete this form according to the steps that follow. First, complete the information about your business or organization in **SECTION 1**. Complete the signer information in **SECTION 2**. Select the account(s) you want in **SECTION 3**. Select the services you'd like in **SECTION 4**. Read the Proxy Statement in **SECTION 5** and check the box if you agree. Please read **SECTION 6** and **SECTION 7**. Sign your name(s) in **SECTION 7**, and return this form to us with a copy of all signer's driver's licenses and the required documentation for your business or organization to join and open accounts.

SECTION 1 INFORMATION about the BUSINESS or ORGANIZATION

Name of Business or Organization				Phone 1	Phone 2/Fax	NAICS Code	<input type="checkbox"/>
Physical Address (No PO Box)		City	State	ZIP	Email Address	Tax ID or SSN	ID is SSN
Mailing Address (if different from Address)		City	State	ZIP	Type of Business or Organization	Registration/License Number (If Applicable)	
Eligibility: Check One <input type="checkbox"/> Current Member - Account No. _____ <input type="checkbox"/> SEG Employee <input type="checkbox"/> Community Charter					Today's Date		

SECTION 2 SIGNER INFORMATION (A signer may conduct transactions on behalf of the business or organization.)

Signer 1 Name		Title	Physical Address (No PO Box)		City	State	ZIP
Home Phone	Mobile Phone	Work Phone	Social Security #	Date of Birth	Email Address		
Employer	Occupation	ID Type & State	ID Number	Issue Date	Exp. Date	Account Code Word	
Signer 2 Name		Title	Physical Address (No PO Box)		City	State	ZIP
Home Phone	Mobile Phone	Work Phone	Social Security #	Date of Birth	Email Address		
Employer	Occupation	ID Type & State	ID Number	Issue Date	Exp. Date	Account Code Word	
Signer 3 Name		Title	Physical Address (No PO Box)		City	State	ZIP
Home Phone	Mobile Phone	Work Phone	Social Security #	Date of Birth	Email Address		
Employer	Occupation	ID Type & State	ID Number	Issue Date	Exp. Date	Account Code Word	

SECTION 3 ACCOUNT(S) ☐ Savings ☐ Standard Checking ☐ Premier Checking

SECTION 4 SERVICE(S) ☐ Debit Card Need Checks? Please order through Online Banking

SECTION 5 PROXY STATEMENT FOR VOTING

☐ I do hereby appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is exercised, to cast all votes to which the member is entitled to cast at Credit Union annual and special meetings, for the election of directors and all other matters as permitted by law and that do not exceed the limitations in the Illinois Credit Union Act. This proxy will automatically renew unless and until the member either revokes it, or attends the meetings to vote in person.

SECTION 6 TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/ Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding ☐ Exempt (Exempt Payee Code _____) ☐ I am not a United States citizen or resident (complete W-8 form)

SECTION 7 ACKNOWLEDGMENT: The business or organization is or applies to be a member of BCU ("we", "us" & "our") according to our Business Member Service Agreement (BMSA). The business or organization and authorized person(s) ("you" & "your") request the accounts, products and services selected on this Business Member Service Application form, and acknowledge receiving or being offered the Business Member Service Agreement (BMSA), which includes the Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee disclosures. The BMSA has been emailed to the business address in Section 1 of this form. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Business Member Service Application form has been completed according to your instructions. You understand the BMSA governs your membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on this Business Member Service Application form and the BMSA and have no obligation to rely on any other documents. We may change the BMSA, and you may make changes and additions to your Business Member Service Application form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of this Business Member Service Application form from us during business hours and the BMSA from our website your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BMSA.

1. Authority of an Authorized Person of the Account Owner. You agree that each authorized person (a "representative") named in this Business Member Service Application form is authorized to act on behalf of you for your accounts, products and services based on the designated authority and Certificate of Authority & Liability below. You understand a representative may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in the BMSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for your membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the business or organization is the owner of the account(s), product(s) and service(s), and that the name provided is the complete and correct name of the owner of the account(s), product(s) and service(s). Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to an authorized person named on this Business Member Service Application form and addressed in the BMSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business or organization that affects the BMSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business, and agree to notify us before engaging in any such business in future. You and each authorized person understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) authorized person upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BMSA, we may require a Business Member Service Application form to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Business Member Service Application form, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the BMSA. *The IRS does not require your consent to any provision of the BMSA other than the certification required to avoid backup withholding (in Section 7 above).*

Signer 1 Signature

Signer 2 Signature

Signer 3 Signature

Purpose of this Certification of the Control Person of the Non-Profit Organization

To provide your non-profit organization and you with excellent service, assist the non-profit organization with products and services, and fulfill our due diligence responsibilities under the law, we need to obtain information about the person who has significant management responsibility (control) over the non-profit organization (the control person). The non-profit organizations we need this certification for include non-profit corporations and similar entities that have filed their organizational documents with the appropriate State authority as required. This important information assists us in managing the products and services for the non-profit organization and provides us with the contact information for the key person who controls the non-profit organization in the event we need to contact her or him about any matter pertaining to the products and services the non-profit organization has with us. Thank you again for being a member of our credit union. We look forward to serving you!

Instructions to Complete this Certification of the Control Person of the Non-Profit Organization

Step 1: In **SECTION 1** please provide the name of the non-profit organization and check the appropriate box that applies to the action you are taking on behalf of the non-profit organization (i.e., to a. join our credit union and start products and services, b. make a change to a product or service, c. add a new product or service, or d. notify us of a change to the control person of the non-profit organization. **Step 2:** In **SECTION 2** please identify and complete the requested information about the person who has significant management responsibility (control) over the non-profit organization, who we refer to as the, "control person." **Step 3:** In **SECTION 3** please read the short certification language, print your name and title, and sign your name and date on the line below. We thank you for your help in providing this important information!

SECTION 1 NAME & ACTION YOU ARE TAKING ON BEHALF OF THE NON-PROFIT ORGANIZATION

1

Name of the Non-Profit Corporation or Similar Entity

- ☐ a. Joining the credit union and starting products & services ☐ c. Adding a new product or service
☐ b. Changing a product or service ☐ d. Notifying us of a change to the control person

SECTION 2 INFORMATION ABOUT THE CONTROL PERSON FOR THE NON-PROFIT ORGANIZATION

2

Control Person Name

Title/Position

Date of Birth

Social Security Number

Mobile/Home Phone

Address

City

State

ZIP

ID Type and State

ID Number

Issue Date

Exp. Date

SECTION 3 CERTIFICATION OF THE CONTROL PERSON INFORMATION FOR THE NON-PROFIT ORGANIZATION

3

I certify that all information about the non-profit organization and the control person provided above is true, complete and accurate as of the date of my signature below. I agree to notify the Credit Union immediately of any change to this information about the control person.

Please Print Your Name

Please Print Your Title/Position

Your Signature

Today's Date

Questions? Please contact us anytime we're open for business!

OFFICE
USE
ONLY

4

CU Employee Name

ID #

Name of the Organization

Member#

Date Cert. Reviewed

Wire Transfer Agreement for Business Accounts



340 N. Milwaukee Ave.
Vernon Hills, IL 60061
Toll Free: 800-388-7000

This form is required for compliance and security purposes even if you do not intend to request wire transfers.

From time to time you may desire to initiate a funds transfer from authorized accounts held at the Credit Union. These funds transfer request are called payment orders in this Agreement. This Agreement governs all payment orders you give us. Requests for payment orders must be requested prior to 3:00 pm CST in order to be processed the same day.

BUSINESS INFORMATION

Name of Business or Organization	Tax ID or SSN	Business Member Number (Office Use Only)	
Mailing Address	City	State	ZIP

Member/Owner/Representative 1 (Required Field)

Member/Owner/Representative 2

Member/Owner/Representative 3

Member/Owner/Representative 4

Daytime Phone Number (Required Field)

Daytime Phone Number

Daytime Phone Number

Daytime Phone Number

SECURITY MEASURES

The following security measures shall be used by the Credit Union for the purpose of verifying all payment order requests. The Credit Union will use the security measures checked below.

- ☐ Password and one-time passcode or other commercially reasonable method of authentication to verify your identity.
- ☐ Call Back Procedure — When we receive your payment order request we may confirm the payment order by calling any of the contact persons authorized to transfer funds at the telephone number listed on the account

Initial Here

AGREEMENT

The funds Transfer Agreement ("Agreement") governs the procedure and responsibilities concerning payment orders initiated by the Account Owner through the Credit Union named in this agreement.

DEFINITIONS: In this Agreement, the words, "you", "us", and "yours" mean the Account Owner that signs this Agreement. The words "we", "us", and "our" mean the Credit Union that signs this Agreement. The word "account" means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

ACCOUNT OWNER LIABILITY: You agree to be bound by any payment order, whether or not authorized, issued in your name accepted by us in compliance with the security procedure chosen by you in this Agreement.

CHANGES TO AGREEMENT: The security procedures and other terms of the Agreement may be changed by amendment to this Agreement or by executing a new Agreement. The Agreement may not be changed by an oral agreement by a course of dealing or custom.

SECURITY PROCEDURES: WE will follow the security agreement procedures identified in this Agreement. You agree that these procedures are commercially reasonable methods of verifying payment orders and other electronic funds transfers.

UNIFORM COMMERCIAL CODE ARTICLE 4A: Any electronic funds transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of the Agreement and the provisions of the Uniform Commercial Code as enacted by the state where the main office of the Credit Union is located.

PAYMENT ORDERS: This is not the document that authorizes a payment order or other electronic funds transfer. We may require you to complete a separate document at the time of each payment order.

NOTICE: Notice to Any Account Owner is considered to all Account Owners

SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

Representative 1 Signature

Representative 2 Signature

Representative 3 Signature

Representative 4 Signature