



BUSINESS ACCOUNT AGREEMENT

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

OWNERSHIP OF ACCOUNT

TIN/EIN NUMBER: _____

Credit Union Use Only:
Account No. _____

☐ SOLE PROPRIETORSHIP

☐ CORPORATION

☐ OTHER _____

DATE OPENED _____

OPENED BY _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

BUSINESS NAME: _____

ESTABLISHED DATE: _____

COUNTY AND STATE OF ORGANIZATION _____

BUSINESS PHONE: _____

FAX: _____

CELL: _____

What does your business sell or provide? _____

What is your main source of income?

☐ Cash

☐ Checks

☐ Debit/Credit cards

Service Requested:

☐ New Account

☐ Add Joint Owner

☐ Beneficiary Change

☐ Name Change

☐ Change in Trustee

I am eligible for membership as:

☐ An employee of (Co. Name) _____

☐ Family Member of _____ Relationship _____

☐ Live in the neighborhood of _____

☐ Other (Credit Union use only) _____

How did you hear about us?

☐ Website

☐ Direct Mailing

☐ Co-worker

☐ Family Member

☐ Other _____

TYPE OF
ACCOUNT

☐ CHECKING

☐ SAVINGS

☐ OTHER _____

I would like the following services:

☐ Home Banking/Mobile Banking

☐ E-statements/E-Notices

☐ Audio Response

☐ Debit/ATM (card) issued in Primary Owner's Name

☐ Debit/ATM (card) issued in Joint Owner's Name

To issue a card in the joint owner's name, fill out the informations below. A \$5.00 fee will be charged for each card issued to the joint owner.

☐ Debit/ATM (card) Name: _____

☐ Debit/ATM (card) Name: _____

We can use your actual/current or available account balance to determine if you have an overdraft.

- Your **actual/current account balance** is the amount in your account, with no deductions for items (outstanding ACH, debit, etc. items) that have not cleared your account or deductions for holds on deposits that have not been released.
- Your **available account balance** is the balance in your account less any deductions for items (ACH transactions, debit card transactions, etc.) that haven't actually been paid from your account or additions of deposits that are on hold.

The Unlawful Internet Gambling Enforcement Act (UIGEA) regulations have been passed. As a result, members are prohibited from engaging in unlawful internet gambling. By maintaining an account(s) with our credit union, you agree you will not use any of your accounts (through deposits, use of a debit or credit card or other access methods) for unlawful internet gambling activities. We may terminate your account relationship if you engage in unlawful internet gambling.

To acknowledge this notice please check one of the options below:

☐

This account will not be used for internet gambling

☐

This account will be used for internet gambling, but not for illegal internet gambling transactions

CERTIFICATIONS

Under the penalties of perjury, I certify (1) that the SSN shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); (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 IRS that I am subject to backup withholding as a result of a failure to report all interests or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a resident alien). The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding. By signing below, you attest to the fact that the information you provide is true and correct to the best of your knowledge and agree to the Credit Union by-laws and the terms and conditions of any approved account and service(s), as amended by the Credit Union from time to time, and authorize the Credit Union to obtain and verify account, credit and employment history from time to time. The undersigned further understand they will be provided with the terms, conditions, and disclosures of all approved accounts and services including, without limitation, the "Important Account Information for Our Members" booklet, following the Credit Union's receipt of this completed and signed application and agree to all such terms, conditions, and disclosures, as amended by the Credit Union from time to time.

Account Owner Name: _____

Business Mailing Address: _____

Physical Address _____

City: _____

State: _____

Zip: _____

Owner Signature(s):

(1): X _____

(3): X _____

(2): X _____

(4): X _____

Data	Owner / Signer Info	Owner / Signer Info
Name		
Relationship to Account (Owner and/or Signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN		
Driver's License No., State, Issue Date, Exp. Date		
Other ID (Description, Details)		
Employer's Name & Address		
Member Qualification / Relationship to Member		
Data	Owner / Signer Info	Owner / Signer Info
Name		
Relationship to Account (Owner and/or Signer, etc.)		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN		
Driver's License No., State, Issue Date, Exp. Date		
Other ID (Description, Details)		
Employer's Name & Address		
Member Qualification / Relationship to Member		

FOR CREDIT UNION USE ONLY

Date Account Opened: _____ Staff Signature _____

Primary appeared in person?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's License Presented?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach copy of Driver's License
Joint Owner appeared in person?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's License Presented?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach copy of Driver's License
Joint Owner appeared in person?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's License Presented?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach copy of Driver's License
Business Verified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's License Presented?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach copy of Driver's License

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and Title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here** ☐ **if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
15a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality of residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth (MM/DD/YYYY)
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
26a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality of residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete, accurate, **and I also agree to notify Flag Credit Union of any change in such information within a reasonable timeframe.**

Signature: _____ Date: _____

(MM/DD/YYYY)

Legal Entity Identifier (Optional) _____

Additional Section 1 – Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

1. Last Name		2. First Name		3. M.I.	4. Date of birth (MM/DD/YYYY)
5. Address		6. City		7. State	8. ZIP/Postal Code
9. Country	10. SSN (U.S. Persons)	11. For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
		11a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality of residence and bearing a photograph or similar safeguard.

Additional Section 1 – Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

12. Last Name		13. First Name		14. M.I.	15. Date of birth (MM/DD/YYYY)
16. Address		17. City		18. State	19. ZIP/Postal Code
20. Country	21. SSN (U.S. Persons)	22. For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
		22a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality of residence and bearing a photograph or similar safeguard.

Additional Section 1 – Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

23. Last Name		24. First Name		25. M.I.	26. Date of birth (MM/DD/YYYY)
27. Address		28. City		29. State	30. ZIP/Postal Code
31. Country	32. SSN (U.S. Persons)	33. For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
		33a. Country of issuance:			

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality of residence and bearing a photograph or similar safeguard.

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and accurate, **and also agree to notify Flag Credit Union of any change in such information within a reasonable timeframe.**

TAX INFORMATION INSTRUCTIONS

PLEASE FOLLOW CAREFULLY

GENERALLY

We must now withhold the percentage allowed under the Internal Revenue Code of the taxable interest paid on this account it:

- 1) you fail to furnish your taxpayer identification number (TIN) to us, or
- 2) the Internal Revenue Service notifies us that you furnished an incorrect taxpayer identification number, or
- 3) you are notified that you are subject to backup withholding because you have failed to report all interest and dividend payments, or
- 4) you fail to certify that you are not subject to backup withholding because of a failure to report all interest and dividend payments, or you fail to certify your taxpayer identification number.

TAXPAYER IDENTIFICATION NUMBER

There are two types of taxpayer identification numbers:

- (a) SOCIAL SECURITY NUMBERS - These are nine digit numbers taking the form of 000-00-0000. Social Security Numbers identify and should be used by individual persons and estates of decedents.
- (b) EMPLOYER IDENTIFICATION NUMBERS - These are also nine digit numbers taking the form of 00-0000000. These numbers identify and should be used by corporations, partnerships, non-profit associations, certain trusts, and similar non-individual persons.

Generally speaking, interest or dividends earned on an account should be reported to the IRS under the name and taxpayer identification number of the person who owns the principal in the account. This person should report this interest on his income tax return.

Section 6109 of the Internal Revenue Code requires you to provide your taxpayer identification number to us whether or not you file a tax return. These numbers are used to identify the interest and dividends paid to you.

BACKUP WITHHOLDING

To prevent backup withholding on the interest and dividend payments you receive, you must certify that the taxpayer identification number you provide is correct and that you are not subject to backup withholding because of a failure to report your interest and dividend payments. In order to make these certifications, check the "TAXPAYER I.D. NUMBER" and "BACKUP WITHHOLDING" boxes on page 1 of this form and sign the certifications.

If you are subject to backup withholding, you should still provide and certify your taxpayer identification number.

EXEMPT RECIPIENTS

Certain types of accounts are exempted from backup withholding and certain payments of interest are not subject to backup withholding. Review the descriptions of exempt payees set out below and check the "EXEMPT RECIPIENTS" box on page 1 if applicable, then sign the certification.

NUMBER APPLIED FOR

If you have applied for (or intend to apply for) a number, write "Applied For" in the space for the TIN on page 1. When you receive your number, contact us to complete a new certification. If you do not provide us with your TIN within 60 days we are required to begin backup withholding.

If you do not have a taxpayer identification number or you do not know your number, contact the local office of the Social Security Administration or the Internal Revenue Service.

NOTICE TO NONRESIDENT ALIENS

In order to prevent the reporting of your interest payments, you should provide your name, address, taxpayer identification number (if any) and certify under penalties of perjury your nonresident alien status. To do this, you must provide a certification on a separate document. Failure to provide this certification may result in backup withholding.

PENALTIES

In addition to the withholding, you may be subject to the following penalties:

- 1) If you fail to give us your correct taxpayer identification number, the IRS may impose a penalty of \$50.00 for each failure (unless your failure is due to reasonable cause and not willful neglect).
- 2) If you make a false statement which results in an avoidance of withholding or you make a false certification, you may be subject to civil penalties of up to \$500.00 and criminal penalties including fines and/or imprisonment.
- 3) If you fail to report all of your reportable interest and dividend payments, the IRS may impose a penalty of at least 5% of the underpayment of tax.

Payees Exempt from Backup Withholding

We are **not required** to backup withhold if the payee is:

- An organization exempt from tax under section 501 (a) or an individual retirement plan.
- The United States or any of its agencies or instrumentalities.
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

- A corporation.
- A foreign central bank of issue.
- A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.
- A futures commission merchant registered with the Commodity Futures Trading Commission.
- A real estate investment trust.
- An entity registered at all times during the tax year under the Investment Company Act of 1940.
- A common trust fund operated by a bank under section 584(a).
- A financial institution.
- A middleman known in the investment community as a nominee or custodian.
- A trust exempt from tax under section 664 or described in section 4947.

Payments of **interest** not generally subject to backup withholding include the following:

- Payments of interest on obligations issued by individuals. Note: You may be subject to backup withholding if this interest is \$600 or more and is paid in the course of the payees trade or business and you have not provided your correct taxpayer identification number to the payer.
- Payments of tax-exempt interest (including exempt interest dividends under section 852).
- Payments described in section 6049(b)(5) to non-resident aliens.
- Payments on tax-free covenant bonds under section 1451.
- Payments made by certain foreign organizations.
- Payments of mortgage or student loan interest.

Exempt payees described above should complete this form to avoid possible erroneous backup withholding. Certain payments exempt from backup withholding are nevertheless subject to information reporting. If you file this form with the payer, furnish your taxpayer identification number and certify the correctness of that number and certify that you are an exempt recipient.

Certain payments other than interest, dividends, and patronage dividends that are not subject to information reporting are also not subject to backup withholding. For details, see the regulations under sections 6041, 6041 A, 6045, 6050A, and 6050N.