



# Business Membership Application

Service Federal Credit Union – Business Services Department  
 14 Colby Court, Bedford, NH 03110 | 800.296.4644

<b>Business Information</b>			
Company Name:			
Nature of Business:		Entity Type:	
Year of Formation:		TIN/EIN:	
Primary Business Street Address:			
City:		State:	ZIP Code:
Primary Phone:	Other Phone:	E-mail:	
Mailing Address <i>(If different from above)</i> :			
City:		State:	ZIP Code:
Type of Accounts Required: <i>Please check all that apply</i>			
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	
<input type="checkbox"/> Additional Checking	<input type="checkbox"/> Secondary Savings	<input type="checkbox"/> Other:	
<b>Signer Information:</b> <i>Please indicate signing authority</i> <input type="checkbox"/> <b>Authorized Signer</b> <input type="checkbox"/> <b>Designated Signer</b> <small>(Authorized Signers have full authority on the account, Designated Signers are limited to transacting only)</small>			
Name:		Title:	
SSN:	DOB:	Mother's Maiden Name:	
Home Phone:	Cell Phone:	E-mail:	
Physical Address:			
City:		State:	ZIP Code:
Mailing Address <i>(If different from above)</i> :			
City:		State:	ZIP Code:
ID Type:	ID#:	Issue Date:	Expiration Date:
<b>Signer Information:</b> <i>Please indicate signing authority</i> <input type="checkbox"/> <b>Authorized Signer</b> <input type="checkbox"/> <b>Designated Signer</b> <small>(Authorized Signers have full authority on the account, Designated Signers are limited to transacting only)</small>			
Name:		Title:	
SSN:	DOB:	Mother's Maiden Name:	
Home Phone:	Cell Phone:	E-mail:	
Physical Address:			
City:		State:	ZIP Code:
Mailing Address <i>(If different from above)</i> :			
City:		State:	ZIP Code:
ID Type:	ID#:	Issue Date:	Expiration Date:



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**Signer Information:** *Please indicate signing authority*  **Authorized Signer**  **Designated Signer**  
 (Authorized Signers have full authority on the account, Designated Signers are limited to transacting only)

Name:		Title:	
SSN:	DOB:	Mother's Maiden Name:	
Home Phone:	Cell Phone:	E-mail:	
Physical Address:			
City:		State:	ZIP Code:
Mailing Address <i>(If different from above):</i>			
City:		State:	ZIP Code:
ID Type:	ID#:	Issue Date:	Expiration Date:

**Signer Information:** *Please indicate signing authority*  **Authorized Signer**  **Designated Signer**  
 (Authorized Signers have full authority on the account, Designated Signers are limited to transacting only)

Name:		Title:	
SSN:	DOB:	Mother's Maiden Name:	
Home Phone:	Cell Phone:	Email:	
Physical Address:			
City:		State:	ZIP Code:
Mailing Address <i>(If different from above):</i>			
City:		State:	ZIP Code:
ID Type:	ID#:	Issue Date:	Expiration Date:

## Signatures

*By signing below you agree that the above information is accurate and complete. All the Signer and Business information will be transferred to the Business Account Card upon account opening, which all signers will need to officially sign.*

Title: Date:	Title: Date:
Title: Date:	Title: Date:



## Business Eligibility Form

Service Federal Credit Union – Business Services Department  
 14 Colby Court, Bedford, NH 03110 | 800.936.7730

### Membership Eligibility

In accordance with Service Federal Credit Union’s bylaws, all businesses must be within the credit union’s field of membership in order to open an account; as an alternative, if all owners of the business are within the field of membership, the business may open an account. *Please answer the questions below to verify eligibility.*

*Please note: Service Credit Union policy does not allow us to open an account for the below business types:*

- |                                   |   |
|-----------------------------------|---|
| • Adult Entertainment             | • Gaming Establishments (excluding non-profit gaming) |
| • Adult Book Stores/Paraphernalia | • Pay Day Lenders                                     |
| • Smoke Shops                     | • Rent To Own establishments                          |
| • Pawn Shops                      | • Money Service Businesses (MSB)                      |
| • Package Stores                  | • Marijuana Related Businesses                        |
| • Bars and Night Clubs            |   |

Are all owners of the business eligible for personal membership with Service Federal Credit Union?	Yes	No
Is the business a member of the ACC? If yes, please provide ACC member number:	Yes	No
Is your business a current SEG (Select Employer Group)?	Yes	No
Please identify the specific legal entity formation type of the business: (sole proprietorship, Corporation, LLC, Non-profit, etc.)		
What is the nature of your business? (Please be as specific as possible)		

### Business Operating Information

As a Financial Institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in.

*Please check the appropriate box on all the questions below.*

Does the business participate in any type of gambling?	Yes	No
Does the business have a privately owned ATM?	Yes	No
Does the business provide money services? (Cash exchanges, check cashing, issue stored value cards, sell money orders, etc.)	Yes	No
Is your business affiliated in any way with the growth, use, or distribution of marijuana whether for medical or other purposes or will you perform transactions in any way affiliated with the marijuana industry through this membership?	Yes	No



# Business Eligibility Form

Service Federal Credit Union Corporate Offices  
 Stateside: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730

Expected Activity		
<b>Purpose of Account:</b> <i>(please check all that apply)</i>		
Income / Expenses	Investments	Lending
Other <i>(please explain below)</i> :		
<b>Anticipated Transactions:</b> <i>(please check all that apply)</i>		
Cash Deposits	If so, please indicate monthly amount anticipated: \$	
Cash Withdrawals	If so, please indicate monthly amount anticipated: \$	
Domestic Wires	International Wires	Western Union
If you expect to send and/or receive funds via Wires or Western Unions, please list expected customers and countries with which you expect to transact with in the space provided below.		
<b>Customer Base:</b> <i>(please check all that apply)</i>		
Local Businesses	Statewide Businesses	International Businesses
Local Individuals	Statewide Individuals	International Individuals
Please use the space below to provide additional details about your expected customers, vendors and transactions or general information about your business		



# Certification Regarding Beneficial Owners of Legal Entity Names

Service Federal Credit Union – Business Services Department  
14 Colby Court, Bedford, NH 03110 | 800.296.4644

## WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity members. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

## WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i) above, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified on part C on the following page. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii) above on part D of the following page. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under part D), and up to five individuals (i.e., one individual under part D and four 25 percent equity holders under part C). The financial institution will also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CONTINUE TO THE FOLLOWING PAGE



# Certification Regarding Beneficial Owners of Legal Entity Names

Service Federal Credit Union – Business Services Department  
 14 Colby Court, Bedford, NH 03110 | 800.296.4644

**CERTIFICATION OF BENEFICIAL OWNER(S)**  
 Persons opening an account on behalf of a legal entity must provide the following information.

**a. Name and Title of Natural Person Opening Account:**

NAME	TITLE
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**b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:**

BUSINESS NAME	ENTITY TYPE	ADDRESS
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**c. 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 above. If no individual meets this definition, please check "No Owner of 25% or More" below and skip to the next section.**

**No Owner of 25% or More**

BENEFICIAL OWNER 1			
NAME	DATE OF BIRTH	ADDRESS (Residential)	
SOCIAL SECURITY NUMBER*	LICENSE OR OTHER ID NUMBER*	STATE OF ISSUANCE*	
BENEFICIAL OWNER 2			
NAME	DATE OF BIRTH	ADDRESS (Residential)	
SOCIAL SECURITY NUMBER*	LICENSE OR OTHER ID NUMBER*	STATE OF ISSUANCE*	
BENEFICIAL OWNER 3			
NAME	DATE OF BIRTH	ADDRESS (Residential)	
SOCIAL SECURITY NUMBER*	LICENSE OR OTHER ID NUMBER*	STATE OF ISSUANCE*	
BENEFICIAL OWNER 4			
NAME	DATE OF BIRTH	ADDRESS (Residential)	
SOCIAL SECURITY NUMBER*	LICENSE OR OTHER ID NUMBER*	STATE OF ISSUANCE*	

**d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:**

- 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 (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME	ADDRESS (RESIDENTIAL)		
TITLE	DATE OF BIRTH		
SOCIAL SECURITY NUMBER*	LICENSE OR OTHER ID NUMBER*	STATE OF ISSUANCE*	

\* For Non-U.S. Persons: Provide a Social Security Number, license number and state of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**CERTIFICATION SIGNATURE**

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature X	Date (Seal)	Recertification Signature X	Date (Seal)
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