

# Business Membership Application & Agreement

|  |  |   |
|--|--|---|
| Business Name  |  | Account Number  |
| <b>Account Type(s):</b>  | <input type="checkbox"/> Business Regular Share<br><input type="checkbox"/> Business Share Draft   | <input type="checkbox"/> Business Special Share<br><input type="checkbox"/> Business Share Certificate (term) _____<br><input type="checkbox"/> Business Money Market |
| <b>Business Classification:</b>  | <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Unincorporated Non-Profit Corporation | <input type="checkbox"/> Limited Liability Company/PLLC<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Partnership                       |
| <input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Non-Profit Corporation<br><input type="checkbox"/> Other: _____ |  |   |

## IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

### Account Owner Information

Member Eligibility \_\_\_\_\_

|                              |                         |   |                         |     |
|------------------------------|-------------------------|---|-------------------------|-----|
| Business Name                |                         | Social Security Number/Employer Identification Number |                         |     |
| Business Identification Type |                         | Number  | State                   |     |
| Business Address             | Apt/Box                 | City  | State                   | Zip |
| Mailing Address              | Apt/Box                 | City  | State                   | Zip |
| Business Telephone Number    | Mobile Telephone Number | Business Fax Number                                   | Business E-Mail Address |     |

### Business Owner/Officer 1 Information

|                        |                         |   |                |          |            |
|------------------------|-------------------------|---|----------------|----------|------------|
| Full Name              |                         | Occupation                              |                | Title    |            |
| Address                |                         | Apt/Box                                 | City           | State    | Zip        |
| Home Telephone         | Mobile Telephone Number | Business Telephone                      | E-Mail Address |          | Birth Date |
| Social Security Number |                         | Driver's License Number/State/Exp. Date |                | Employer |            |

### Business Owner/Officer 2 Information

|                        |                         |   |                |          |            |
|------------------------|-------------------------|---|----------------|----------|------------|
| Full Name              |                         | Occupation                              |                | Title    |            |
| Address                |                         | Apt/Box                                 | City           | State    | Zip        |
| Home Telephone         | Mobile Telephone Number | Business Telephone                      | E-Mail Address |          | Birth Date |
| Social Security Number |                         | Driver's License Number/State/Exp. Date |                | Employer |            |

### Business Owner/Officer 3 Information

|                        |                         |   |                |          |            |
|------------------------|-------------------------|---|----------------|----------|------------|
| Full Name              |                         | Occupation                              |                | Title    |            |
| Address                |                         | Apt/Box                                 | City           | State    | Zip        |
| Home Telephone         | Mobile Telephone Number | Business Telephone                      | E-Mail Address |          | Birth Date |
| Social Security Number |                         | Driver's License Number/State/Exp. Date |                | Employer |            |

### Business Owner/Officer 4 Information

|                        |                         |   |                |          |            |
|------------------------|-------------------------|---|----------------|----------|------------|
| Full Name              |                         | Occupation                              |                | Title    |            |
| Address                |                         | Apt/Box                                 | City           | State    | Zip        |
| Home Telephone         | Mobile Telephone Number | Business Telephone                      | E-Mail Address |          | Birth Date |
| Social Security Number |                         | Driver's License Number/State/Exp. Date |                | Employer |            |

## Authorized Signers

Unless We receive written instructions to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this application and transact any other business related to such Accounts now or in the future. Farm Bureau Family Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

### Authorized Signer 1 Information

|                        |  |                         |        |            |             |
|------------------------|--|-------------------------|--------|------------|-------------|
| First                  | Last   | M.I.                    | Suffix | Title      |             |
| Physical Address       |  | Apt/Box                 | City   |            | State   Zip |
| Home Telephone         | Business Telephone                                 | E-Mail Address          |        | Birth Date |             |
| Social Security Number | Driver's License Number/State/Exp. Date/Issue Date | Employer and Occupation |        | Cell Phone |             |
|                        |  |                         |        | Signature  |             |

### Authorized Signer 2 Information

|                        |  |                         |        |            |             |
|------------------------|--|-------------------------|--------|------------|-------------|
| First                  | Last   | M.I.                    | Suffix | Title      |             |
| Physical Address       |  | Apt/Box                 | City   |            | State   Zip |
| Home Telephone         | Business Telephone                                 | E-Mail Address          |        | Birth Date |             |
| Social Security Number | Driver's License Number/State/Exp. Date/Issue Date | Employer and Occupation |        | Cell Phone |             |
|                        |  |                         |        | Signature  |             |

### Authorized Signer 3 Information

|                        |  |                         |        |            |             |
|------------------------|--|-------------------------|--------|------------|-------------|
| First                  | Last   | M.I.                    | Suffix | Title      |             |
| Physical Address       |  | Apt/Box                 | City   |            | State   Zip |
| Home Telephone         | Business Telephone                                 | E-Mail Address          |        | Birth Date |             |
| Social Security Number | Driver's License Number/State/Exp. Date/Issue Date | Employer and Occupation |        | Cell Phone |             |
|                        |  |                         |        | Signature  |             |

### Authorized Signer 4 Information

|                        |  |                         |        |            |             |
|------------------------|--|-------------------------|--------|------------|-------------|
| First                  | Last   | M.I.                    | Suffix | Title      |             |
| Physical Address       |  | Apt/Box                 | City   |            | State   Zip |
| Home Telephone         | Business Telephone                                 | E-Mail Address          |        | Birth Date |             |
| Social Security Number | Driver's License Number/State/Exp. Date/Issue Date | Employer and Occupation |        | Cell Phone |             |
|                        |  |                         |        | Signature  |             |

### MasterCard Debit Card/CU\* Talk/It's Me 247/Mobile App/Bill Pay

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked Account. You would like:

MasterCard Debit Card   
  CU\* Talk   
  It's Me 247   
  Mobile App   
  Bill Pay

Name on Card 1: \_\_\_\_\_ Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_ Name on Card 4: \_\_\_\_\_

### Business Account Service Questionnaire

- Do You generate revenue, directly or indirectly, from a business related to or engaged in the growth, sale, or distribution of marijuana or products containing marijuana?  Yes  No
- Does Your business provide lottery ticket sales or check cashing services?  Yes  No
- Do You operate a money service business (MSB) that is required to register with FinCEN?  Yes  No

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, you certify that: (1) the number shown on this form is your correct taxpayer identification number; and (2) you are not subject to backup withholding because: (a) you are exempt from backup withholding; or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified you that you are no longer subject to backup withholding; (3) you are a U.S. citizen or other U.S. person (defined below); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations 26 CFR § 301.7701-7).

**Foreign person.** If you are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) or W-8BEN-E Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities), which can be obtained from a Credit Union representative or the IRS.

## Internet Gambling Due Diligence Certification

By affixing Your signature immediately below, You are certifying to the Credit Union that You **DO NOT ENGAGE** in an internet gambling business as more particularly described in Title 12, Part 233 (Regulation GG), and that in the event such status changes, You will immediately provide the Credit Union with: (i) written evidence of Your legal authority to engage in an internet gambling business; and (ii) a written commitment to inform the Credit Union if there are any changes to such authority. Transactions restricted by regulation are prohibited from being processed through the Account or relationship established under this application.

Business Owner/Officer #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #4 Signature \_\_\_\_\_ Date \_\_\_\_\_

By affixing Your signature immediately below, You are certifying to the Credit Union that You **DO ENGAGE** in an internet gambling business, and that You will provide the Credit Union with: (i) written evidence of Your legal authority to engage in such business; and (ii) a written commitment to inform the Credit Union if there are any changes to such authority. Transactions restricted by regulation are prohibited from being processed through the Account or relationship established under this application.

Business Owner/Officer #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #4 Signature \_\_\_\_\_ Date \_\_\_\_\_

## Signatures

You hereby apply for membership with Farm Bureau Family Credit Union. You warrant that You are authorized to apply for such membership and establish such Account(s), and You further warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Farm Bureau Family Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements And Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Business Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition or deletion of Authorized Signer(s) of Your Account(s). Your signature below is Your continuing authorization for Farm Bureau Family Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s). You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

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

Business Owner/Officer #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Officer #4 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Union Use Only**

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ MSR Signature \_\_\_\_\_

\_\_\_\_\_ CIPS \_\_\_\_\_ OFAC \_\_\_\_\_ Checks Ordered \_\_\_\_\_ Credit Report \_\_\_\_\_ Cards Ordered

**USA Patriot Act Compliance**

**Primary Owner:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

**Business Owner 2:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

**Business Owner 3:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_

**Business Owner 4:** DL or ID \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security \_\_\_\_\_ Information Verified \_\_\_\_\_