

Business Account Onboarding Questionnaire

Thank you for your interest in opening a business account with OnPath Federal Credit Union. Please provide the following information regarding your business and desired services.

Business Information

Business Name: _____ Date: _____

Employer Identification Number (EIN): _____ Member # (if applicable): _____

Type of Entity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLC | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Association/Club |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Organization | <input type="checkbox"/> Non-Profit |

Type of business (Goods/Services provided): _____

Does your business involve any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sale/Exchange of Virtual Currency | <input type="checkbox"/> Sale of Branded Cards | <input type="checkbox"/> Check Cashing |
| <input type="checkbox"/> Transmittal of Money on Customer's Behalf | <input type="checkbox"/> Foreign Currency Exchange | <input type="checkbox"/> Money Orders |

What is the primary source of deposited funds? _____

Is this a Marijuana-Related Business? _____

Do you act as an intermediary between your clients and the bank performing services or arranging for services on your client's behalf? E.g. lawyers, accountants, investment brokers, etc.

- Yes No

If yes, what services do you provide?

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Funds Management | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Investment Advisory | <input type="checkbox"/> Legal | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Notary | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Trust Management | | |

Does your business involve any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> Casinos or Gambling Establishments | <input type="checkbox"/> Insurance | <input type="checkbox"/> Loan/Financing |
| <input type="checkbox"/> Credit Card System Operations | <input type="checkbox"/> Precious Metals, Stones or Jewels | <input type="checkbox"/> Vehicle Sales |
| <input type="checkbox"/> U.S. Postal Service | <input type="checkbox"/> Real Estate Settlement and Closing | <input type="checkbox"/> Travel Agency |
| <input type="checkbox"/> Securities, Futures Commissions, or Commodity Trading | | |

Do you own, lease, operate, or replenish an ATM?

- Yes No

If yes, are the ATMs: Owned Leased

If leased, the Lessor is: _____

ATM Network Provider: _____

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How are ATMs replenished? Client Lessor Third-Party

Third-Party name and address: _____

Source of funds used to replenish the ATM:

Member Account(s) Cash from Business Cash from Lessor Other (specify)

If ATM is replenished from member deposit account(s), estimated weekly volume of cash withdrawals: \$ _____

Account/Membership Information

Type of account requested:

Savings Checking Certificates

Which of the following will your account be used for?

Payroll Savings Credit Card Processing
 Operational Lottery Other: _____

Which types of services do you wish to utilize with this account?

Cash Deposits If yes, how much monthly? _____
 Cash Withdrawals If yes, how much monthly? _____
 Incoming Wires If yes, what is expected monthly total? _____
 International Incoming Wires If yes, what countries? _____
 Outgoing Wires If yes, what is expected monthly total? _____
 International Outgoing Wires If yes, what countries? _____
 Incoming ACH Transactions If yes, what is expected monthly total? _____
 Outgoing ACH Transactions If yes, what is expected monthly total? _____
 International ACH Transactions If yes, what countries? _____
 Check Deposits If yes, what is expected monthly total? _____
 Check Withdrawals If yes, what is expected monthly total? _____
 Monetary Instruments If yes, what is expected monthly total? _____
 ATM Deposits If yes, what is expected monthly total? _____
 ATM Withdrawals If yes, what is expected monthly total? _____

Business Account Onboarding Questionnaire

Persons opening an account on behalf of a Legal Entity must provide the following information:

a. Name and Title of Natural Person opening account: _____ Account #: _____

b. Name and Address of Legal Entity for which the account is being opened:

c. The following information for each individual*, 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:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security #	For Foreign Persons: Passport # and Country of Issuance ¹	% of Ownership
1.						
2.						
3.						
4.						

*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit, etc.):

***Beneficial Owner Detail:** As applicable, please explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security #	For Foreign Persons: Passport # and Country of Issuance ¹

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: _____ Date: _____

Legal Entity Identifier _____ (Optional)

¹ In lieu of a passport number, foreign persons may also provide 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.

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Beneficial Owner Verification

For internal use ONLY.

Beneficial Owner #1:

Driver's License Number, or Other Identifying Document: _____

State (or Country) of Issue: _____ ; Issue Date: _____ ; Expire Date: _____

Secondary Form of Identification: _____

OFAC Check Comments (if applicable): _____

Beneficial Owner #2:

Driver's License Number, or Other Identifying Document: _____

State (or Country) of Issue: _____ ; Issue Date: _____ ; Expire Date: _____

Secondary Form of Identification: _____

OFAC Check Comments (if applicable): _____

Beneficial Owner #3:

Driver's License Number, or Other Identifying Document: _____

State (or Country) of Issue: _____ ; Issue Date: _____ ; Expire Date: _____

Secondary Form of Identification: _____

OFAC Check Comments (if applicable): _____

Beneficial Owner #4:

Driver's License Number, or Other Identifying Document: _____

State (or Country) of Issue: _____ ; Issue Date: _____ ; Expire Date: _____

Secondary Form of Identification: _____

OFAC Check Comments (if applicable): _____

Individual with Control:

Driver's License Number, or Other Identifying Document: _____

State (or Country) of Issue: _____ ; Issue Date: _____ ; Expire Date: _____

Secondary Form of Identification: _____

OFAC Check Comments (if applicable): _____

Comments:

