



1187 Troy Schenectady Road
 Latham, NY 12110
 518-382-0605
 866-SUNMARK
 www.sunmarkfcu.org

BUSINESS MEMBERSHIP APPLICATION

Legal Entities

New Account Account Change: _____

BUSINESS ACCOUNT TYPE **MEMBER NUMBER:**

Business Savings Basic Business Checking Business Earnings Checking Business Share Certificate Business Money Market

ACCOUNT SERVICES

Free Services: Debit Card eStatements

Other Services: Overdraft Privilege Transfer Target Source Safe Deposit Box

BUSINESS PRODUCTS/SERVICES

I am interested in the product(s)/service(s) below and would like to be contacted by a Business Officer.

Business Credit Card Business Vehicle Loan Business Term Loan/Line of Credit Business Real Estate Loan Merchant Services Payroll Processing Services

BUSINESS ACCOUNT INFORMATION

Business Name	Business Phone No.	Tax ID No. (EIN)
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DBA Name (if applicable)

Physical Address of Business (Street, City, State and Zip)

Mailing Address of Business (if different)

Year Business Established	Number of Employees	Nature of Business
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Business Email Address	Business Web Address
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TYPE OF BUSINESS – Legal structure of the business. Additional documentation may be required.

<input type="checkbox"/> Partnership Required <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Assumed Name Certificate (if applicable) And one of the following: <input type="checkbox"/> Registered Business Entity Proof <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> Corporation Required <input type="checkbox"/> Certificate of Incorporation And one of the following: <input type="checkbox"/> Legal Proof of Ownership <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> Limited Liability Company (LLC) Required <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement (if more than one owner/member) And one of the following: <input type="checkbox"/> Legal Proof of Ownership <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> Non-Profit Required <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> IRS Tax Exempt Status Certification Letter <input type="checkbox"/> Bylaws or Minutes And one of the following: <input type="checkbox"/> Legal Proof of Ownership <input type="checkbox"/> Federal Tax ID Number Letter	<input type="checkbox"/> Unincorporated Association Required (any one of the following) <input type="checkbox"/> Bylaws, Minutes, or written statement from official authorizing account & signers <input type="checkbox"/> Assumed Name Certificate (if applicable) <input type="checkbox"/> Federal Tax ID Number Letter
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For ALL business types - Valid Identification is required from all owners and authorized signers.

BUSINESS OWNER INFORMATION – If there is a Co-Owner or additional signer(s), please complete the Additional Owner(s)/Authorized Signer(s) Information boxes below.

Primary Owner's Full Name	Title	Date of Birth	SSN
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Driver's License Number	State Issued	Expiration Date
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Home Address (Street, City, State and Zip) No PO Boxes	Email
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Cell Phone	Home Phone	Office Phone	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: If you earn income from another employer besides the Business shown above, please provide the following information:

Employer's Name	Type of Business	Job Title	No. of Years
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ADDITIONAL OWNER(S) / AUTHORIZED SIGNER(S)

In addition to the Business Owner, the following named person(s) is/are authorized, on behalf of the Business, to act in accordance with the designation granted herein. A Business Owner is the only individual entitled to add/delete Authorized Signers and to open/close the account.
 If the authorized signer check box is selected below you must designate which power is being granted: (1) Exercise any/all powers related to the account or (2) Conduct any/all transactions related to the account.

OWNER AUTHORIZED SIGNER INFORMATION #1 – Designation Code from above: _____

Name	Title
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Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN
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Home Address (Street, City, State and Zip) No PO Boxes	Email
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Cell Phone	Home Phone	Business Phone
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<input type="checkbox"/> OWNER <input type="checkbox"/> AUTHORIZED SIGNER INFORMATION #2 – Designation Code from above: _____				
Name			Title	
Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN
Home Address (Street, City, State and Zip) No PO Boxes			Email	
Cell Phone	Home Phone		Business Phone	

<input type="checkbox"/> OWNER <input type="checkbox"/> AUTHORIZED SIGNER INFORMATION #3 – Designation Code from above: _____				
Name			Title	
Driver's License Number	State Issued	Expiration Date	Date of Birth	SSN
Home Address (Street, City, State and Zip) No PO Boxes			Email	
Cell Phone	Home Phone		Business Phone	

IMPORTANT IRS INFORMATION – TIN CERTIFICATION

Under penalties of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2.) Unless designated below, I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3.) Unless designated below, I am a U.S. citizen or other U.S. person; and 4.) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. 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 then you must check the box "I am subject to backup withholding" below. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

I am subject to backup withholding I am exempt I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

SIGNATURES

You hereby apply for membership with Sunmark Federal Credit Union. By signing below, you warrant the truth of the information contained in your application for business membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. You agree to be bound by the terms and conditions found within this Business Membership Application and to the bylaws, rules and regulations of the Credit Union. You further agree to be bound by the terms and conditions found within the Master Business Account Agreement and Disclosures and the Rate and Fee Schedules which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. 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. You also authorize the Credit Union to periodically request and use reports from outside consumer reporting agencies and to answer questions about the Credit Union's experience with you.

In addition to establishing a Business Membership 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 the 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).

NOTE: The Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities who conduct transactions involving Internet Gambling, Money Services Businesses and/or Marijuana-Related Businesses. You certify that the business for which this account is being established, does not and will not participate in unlawful internet gambling and is not a Money Service Business or Marijuana-Related Business.

Important information about procedures 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 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 and other identifying information.

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

Signature <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer	Print Name	Title
X		
Signature <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer	Print Name	Title
X		
Signature <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer	Print Name	Title
X		
Signature <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer	Print Name	Title
X		

FOR CREDIT UNION USE ONLY

Date:	Opened/Approved By:	Member Eligibility:
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Verification: <input type="checkbox"/> Accurant <input type="checkbox"/> ChexSystems <input type="checkbox"/> Credit Report <input type="checkbox"/> Existing Member (Account # _____)	Membership: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Adverse Action <input type="checkbox"/> Yes <input type="checkbox"/> No)
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List Documents Obtained:

Comments:



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CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY ACCOUNTS & RESOLUTION OF AUTHORITY

I. BENEFICIAL OWNER(S)

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 customers. 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 customer (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 customer (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), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). 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 section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

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

a. Name and Title of Natural Person opening 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 percent 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 Number	Ownership Percentage:

(If no individual meets this definition, please write "Not Applicable.")

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/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ⁽¹⁾

⁽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.

II. RESOLUTION OF AUTHORITY

I certify that I am Secretary General/Managing Partner Owner/Member Authorized Officer of the Organization for which the account is being opened.

Resolutions

The Organization named on this resolution resolves that,

- (1) The Credit Union is designated as a depository for the funds of the Organization and to provide other financial accommodations indicated in this resolution.
- (2) This resolution, any and all prior resolutions adopted by the Organization and certified to the Credit Union as governing the operation of this Organization's account(s), are in full force and effect, until the Credit Union receives and acknowledges an express written notice of its revocation, modification or replacement.
- (3) The signature of any one person on this resolution is conclusive evidence of their authority to act on behalf of the Organization. Any person, so long as they act in a representative capacity of the Organization, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Organization with the Credit Union prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Organization agrees to the terms and conditions of any account agreement, properly opened by any person of the Organization. The Organization authorizes the Credit Union, at any time, to charge the Organization for all checks, drafts, or other orders, for the payment of money, that are drawn on the Credit Union.
- (6) The Organization acknowledges and agrees the Credit Union may furnish at its discretion automated access devices to any person of the Organization to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Organization acknowledges and agrees the Credit Union may rely on alternative signature and verification codes issued to or obtained from the person named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, personal identification numbers (PIN), and digital signatures. The Credit Union shall have no responsibility or liability for unauthorized use of alternative signature and verification codes.

I further certify the Organization has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolution above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

III. CERTIFICATION

I agree to notify the Credit Union of any change(s) to the beneficial owner information provided herein.

By signing below I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature	Date	Name and Title
X		

FOR CREDIT UNION USE ONLY

Form Validation No Change to Beneficial or Control Owner(s) By: _____ Branch: _____ Date: _____

Form Validation No Change to Beneficial or Control Owner(s) By: _____ Branch: _____ Date: _____

Form Validation No Change to Beneficial or Control Owner(s) By: _____ Branch: _____ Date: _____