



# Business Services MEMBERSHIP APPLICATION AND SIGNATURE CARD

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 identified each person or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information.

I understand and agree that the USA Patriot Act of 2001 obligates all persons and entities seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL IDENTIFICATION VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

### BUSINESS INFORMATION

New Business Account

Update Business Account

Full Name of Business Entity (as shown on your tax filings with the IRS)

Business Tax ID (if you have misplaced your EIN, go to [www.IRS.gov](http://www.IRS.gov) and search "Misplace your EIN" or call 800.829.4933)

Business Description and NAICS Code (visit [www.naics.com](http://www.naics.com) to find your code for the majority of your business activity)

Business License Issued By

Business License Issuance Date

Business License Expiration Date

Business is not registered

State Where the Business is Registered

Annual Revenue (if business is less than 12 months old, estimated annual revenue)

Number of Employees

Identify any Other Names under Which the Business Operates (Trade Name / Assumed Name / Fictitious Name / DBA (if applicable))

Primary Business Phone #

Business Cell Phone #

Business Fax

Business Website

Date the Business was Created (MM/DD/YY)

Business Email (required for online banking access)

Business Physical Address (cannot be a PO Box)

Business Mailing Address (may be a PO Box)

Same as Business Physical Address

All Additional Business Locations (if more than two, attach a list as a separate document)

### COMMUNICATIONS CONSENT

Check box to provide communications consent:

Yes, please mail marketing materials to business mailing address.

Yes, please email marketing materials to business email address.

If a cell phone number is provided above or if I/we later provide such to SAFE Federal Credit Union via other communications including online banking or social media, I/we consent and agree that SAFE Federal Credit Union may use number to provide information about my/our accounts and services, to reply to any inquiry or to provide other information via calling, texting or otherwise. This contact may be by dialing the cell phone, autodialer, text or robo-text methods. This consent is not required to obtain any products or services from SAFE Federal Credit Union. Consent is not required as a condition of receiving any product or service, and that I have the right to revoke consent for any and all contacts provided at any time.

Account Owner or Authorized Person

**MEMBERSHIP ELIGIBILITY**

Businesses must be eligible for membership with SAFE Federal Credit Union to open a business account. SAFE Federal Credit Union may require additional information to establish membership prior to account opening.

South Carolina County Where Business is Headquartered or Principally Located

**OR**

The Business is Comprised Exclusively of Individuals who Qualify for Membership (list all information for all individuals - if more than two, attach a list as a separate document)

**Individual 1**

Individual Name Individual Address Individual Employer

**Individual 2**

Individual Name Individual Address Individual Employer

**BUSINESS PRODUCTS AND SERVICES**

Indicate the type of deposit account(s) you are interested in establishing. Refer to the Business Account Rate Schedule and Business Account Fee Schedule for additional information.

Membership Savings Account (required) Savings Account Checking Account Share Certificate

Overdraft Protection – Linked Account

The Credit Union shall transfer funds from the account specified above the exact amount needed to permit the Credit Union to honor any such checks written that may result in the primary or secondary checking account being overdrawn. If funds are not available to cover overdrawn check(s) from savings, any overdraft will be treated as an ordinary draft and will be subject to an Non-Sufficient Funds ("NSF") Fee. Refer to the Business Services Fee Schedule for additional information.

Savings Account #: Name on Account:

**Please select the following services:**

Business Debit Card Mobile Banking Audio Response (telephone) SAFENET (online banking)

**TYPE OF BUSINESS**

Please identify the applicable business type, as well as additional selections. Based on the type of business identified, you are required to provide certain documentation to establish your account and you may be required to provide updated documentation each year. Visit [SAFEfed.org/business](http://SAFEfed.org/business) for a list of required documentation.

**CORPORATION**

Select One: S-Corporation C-Corporation

**LIMITED PARTNERSHIP**

Select One: Limited Partnership (LP) Limited Liability Partnership (LLP)

**GENERAL PARTNERSHIP**

**SINGLE-MEMBER LIMITED LIABILITY COMPANY**

Select One: C-Corporation S-Corporation Partnership Disregarded entity

**MULTI-MEMBER LIMITED LIABILITY COMPANY**

Select One: C-Corporation S-Corporation Partnership Disregarded entity

**SOLE PROPRIETORSHIP**

**INCORPORATED ASSOCIATION OR ORGANIZATION**

**UNINCORPORATED ASSOCIATION OR ORGANIZATION**



For what purpose will you be using the account(s)?

Where is your primary trade area (be specific)?

Do you expect to process international transactions? Yes No

Is your business a non-profit, not-for-profit or charitable organization? Yes No

Is the Internet a major source of revenue for your business? Yes No

Describe your business operations, the anticipated volume of currency and total sales, and a list of major customers and suppliers  
(only those with transaction volumes exceeding \$100,000 per year).

Which SAFE Federal Credit Union branch is closest to your place of business?

Approximately how many miles between?

Which branch or branches do you expect to conduct most of your transactions?

Will you be using a safe deposit box? Yes No

**Which of the following types of transactions will you perform?**

**Cash Deposits**

**If yes, approximate amount per month:**

Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	

**Cash Withdrawals**

**If yes, approximate amount per month:**

Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	

**Incoming Wires**

**If yes, approximate amount per month:**

Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	

Will you receive wire transfers from non-United States locations?

Yes, from the following countries: \_\_\_\_\_

No

**Outgoing Wires**

**If yes, approximate amount per month:**

Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	

**Incoming (Non-Wire)  
Electronic Transfers**

**If yes, approximate amount per month:**

Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	

Will you receive wire transfers from non-United States locations?

Yes, from the following countries: \_\_\_\_\_

No

<b>Outgoing (Non-Wire) Electronic Transfers</b>		<b>If yes, approximate amount per month:</b>			
Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	
<b>Check Deposits</b>		<b>If yes, approximate amount per month:</b>			
Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	
<b>Check Withdrawals</b>		<b>If yes, approximate amount per month:</b>			
Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	
<b>Monetary Instrument Purchases</b>		<b>If yes, approximate amount per month:</b>			
Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	
<b>ATM Deposits</b>		<b>If yes, approximate amount per month:</b>			
Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	
<b>ATM Withdrawals</b>		<b>If yes, approximate amount per month:</b>			
Yes	No	\$0 – \$1,000	\$1,000 – \$3,000	\$3,000 – \$5,000	\$5,000 – \$10,000
		\$10,000 – \$20,000	\$20,000 – \$50,000	\$50,000 – \$100,000	

**AUTHORIZED SIGNERS**

Only two (2) authorized signers, in addition to the account owner are permitted on an account (three total). Authorized signers are permitted to execute any document required by SAFE Federal Credit Union to transact business, including to sign or endorse any order for the payment or withdrawal of funds from the business account(s). Only an account owner may add or remove an authorized signer as well as order a new debit card for an authorized signer.

**Authorized Signer or Account Owner**

Name (First, MI, Last, Suffix)		Date of Birth	Social Security Number		
Employer		Title/Position	Employer Phone Number		
Issue a Business Debit Card?	Yes	No	Percentage of Ownership	U.S. Citizen?	Yes No
Type of ID	Number	State	Date Issued	Expiration Date	

**Authorized Signer**

Name (First, MI, Last, Suffix)		Date of Birth	Social Security Number		
Employer		Title/Position	Employer Phone Number		
Issue a Business Debit Card?	Yes	No	Percentage of Ownership	U.S. Citizen?	Yes No
Type of ID	Number	State	Date Issued	Expiration Date	

**Authorized Signer**

Name <i>(First, MI, Last, Suffix)</i>			Date of Birth			Social Security Number					
Employer			Title/Position			Employer Phone Number					
Issue a Business Debit Card?		Yes	No	Percentage of Ownership			U.S. Citizen?		Yes	No	
Type of ID			Number			State		Date Issued		Expiration Date	

**ACCOUNT FUNDING**

You are required to keep \$5.00 par value in your Membership Savings Account to remain in good standing at SAFE Federal Credit Union. A minimum deposit of \$0.00 is required to open your business account.

**PAYABLE ON DEATH DESIGNATION – FOR SOLE PROPRIETORSHIPS AND SINGLE PERSON LIMITED LIABILITY COMPANIES ONLY**

This payable on death (POD) designation is to direct the distribution of account funds in the event of the death of the account owner. If you have more than two (2) primary beneficiaries, please attach a separate list. Designated accounts *(list only accounts belonging to the sole proprietorship or single person LLC – no consumer accounts)*:

Account #	Name on Account
Account #	Name on Account

**Primary Beneficiary(ies):**

Name of Beneficiary <i>(First, MI, Last, Suffix)</i>			Date of Birth			Social Security Number		
Address			Relationship			Percentage		
Name of Beneficiary <i>(First, MI, Last, Suffix)</i>			Date of Birth			Social Security Number		
Address			Relationship			Percentage		

**Contingent Beneficiary(ies)**

Contingent beneficiaries are only permitted if one primary beneficiary is named above. If more than one primary is listed, contingent beneficiary designations named below will be disregarded.

Name <i>(First, MI, Last, Suffix)</i>			Date of Birth			Social Security Number		
Address			Relationship			Percentage		
Name <i>(First, MI, Last, Suffix)</i>			Date of Birth			Social Security Number		
Address			Relationship			Percentage		

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION**

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner(s) that: (1) The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for the number to be issued); (2) The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding; (3) The Account Owner is a U.S. Citizen or other U.S. person (for federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: 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; and estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7)); and (4) There is no FACTA code(s) indicating that the Account Owner is exempt from FATCA reporting.

**Certification Instructions:** Check the box for item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Checking the box serves to strike out the language related to underreporting. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. Complete the appropriate W-8BEN Form if the Account Owner is not a U.S. person. If a separate W-8BEN Form is completed, your signature does not serve to certify this section.

**CERTIFICATION, DISCLOSURES AND AGREEMENT**

Each applicant, owner, authorized signer or other party signing above, (collectively "Applicant(s)") hereby make application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of SAFE Federal Credit Union ("Credit Union"). Applicants also acknowledge receipt and agree to be bound by any terms and conditions in the Business Services Membership Application and Signature Card ("Membership Application and Signature Card"), the Business Services Membership and Account Agreement, Business Services Fee Schedule, Business Services Rate Schedule and any other separate agreements, which may be amended from time to time and which are incorporated herein by reference (collectively "Agreements"). The terms and conditions of the Agreements will be disclosed in accordance with applicable state and federal laws. This Membership Application and Signature Card authorizes the Credit Union to open future sub-accounts and/or services in the names of the entity listed above.

Applicants agree to accept communications from SAFE Federal Credit Union, including account statements, at the mailing address provided on this Membership Application and Signature Card, unless SAFE Federal Credit Union is instructed otherwise in writing. Applicants also agree to notify SAFE Federal Credit Union of any change to this address.

Applicants understand that property in the account(s) may be transferred to the appropriate state if there has been no activity within the time period specified by state law. If SAFE Federal Credit Union believes there is a conflict amongst the Applicant(s) at any time, SAFE Federal Credit Union has the right to temporarily halt any activity on the account(s) until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. SAFE Federal Credit Union reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in this Membership Application and Signature Card.

**Each Applicant consents that SAFE Federal Credit Union may undertake to verify his or her eligibility for any account(s) and service(s) now and in the future. In addition, all Applicants and authorized signers authorize SAFE Federal Credit Union to make inquiry to determine the entity's and/or the Applicant or authorized signer's employment history and to obtain information concerning any accounts with other financial institutions and all parties' credit history, including any credit reports. Applicants and authorized signers specifically consent that SAFE Federal Credit Union may report information concerning account(s)/services to others and that it may provide the reasons should it determine you to be ineligible for any services or to be an authorized person or authorized signers to the other applicants. All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.**

The undersigned certify under the penalty of perjury that they have undertaken an investigation of the entity and/or its members and that the entity and/or all members of said organization qualify for membership at SAFE Federal Credit Union.

This Membership Application and Signature Card may be executed in any number of counterparts and by different parties hereto in separate counterparts, each of which shall be deemed to be an original, but all of which taken together shall constitute one and the same document. Delivery of an executed counterpart of this Membership Application and Signature Card by facsimile, electronic mail or other electronic means shall be equally as effective as delivery of an original executed counterpart of this Membership Application and Signature Card.

**By signing below, Applicants certify that they do not engage in or are of the business types not permitted by SAFE Federal Credit Union and agree that it reserves the right to deny or restrict any high-risk deposit entities conducting internet gambling or money service business transactions and that SAFE Federal Credit Union may block or otherwise prevent such transactions and may close the business account and end the financial relationship if such transactions are detected. Applicants further agree that Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG and any related Internet gambling transactions are prohibited from being processed through a SAFE Federal Credit Union business account or any relationship with SAFE Federal Credit Union. Applicants also understand that if it should decide to expand the business entity to include any of these prohibited transactions, SAFE Federal Credit Union will be notified in writing in advance of such change.**

Applicants certify that the business named is in compliance with all statutes, Executive orders and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The business is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the business will notify SAFE Federal Credit Union immediately.

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

**Note:** Electronic signatures are not permitted. All signatures must be hand-signed with wet ink.

**I/we warrant and certify all information provided on this Membership Application and Signature Card is true and correct and that I/we will update this information from time to time upon request of the Credit Union and when there is a material change to the information provided.**

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

**CONSENT AND AUTHORIZATION FOR CREDIT AND ASSET ASSESSMENT** *(Account Owners Only)*

The undersigned understands the Applicant and Company (if different) have applied for deposit account services with SAFE Federal Credit Union; and that Credit Union requires a full assessment of the Applicant and/or Business' credit history; assets/property and other financial matters both now and from time to time in the future. The undersigned is not applying for credit or services, but understands that the undersigned's relationship to the Applicant and/or the business may involve joint, marital or other combined credit, ownership of assets/property or other financial matters.

Therefore, to allow the Credit Union to fully assess the Applicant/Business's application and future relationships with the Credit Union the undersigned understands that his/her credit, ownership of property or other financial matters may also be assessed by the Credit Union; and he/she consents that the Credit Union may undertake to obtain information concerning any accounts with other institutions in which he/she may hold and interest; his/her credit history, including any credit reports; and his/her ownership of assets/property. Information affecting Credit Union's ability or discretion to provide or continue to provide credit or services to Applicant/Business may be shared with Applicant and/or Business. The undersigned understands that the Credit Union may report information concerning the Applicant/Business which may reflect upon his/her credit.

_____	_____	_____
Name <i>(Print)</i>	Date of Birth	Phone
_____		_____
Address		Signature

**CONFIDENTIALITY AND PRIVACY**

We collect nonpublic personal information ("NPI") about you from the following sources: Information we received from you on applications or other forms; information about your transactions with our affiliates, others, or us; and, information we receive from a consumer reporting agency. We do not disclose any NPI about our members and former members to anyone, except as permitted by law. We restrict access to NPI about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your NPI.

**NOTARY SECTION** *(must be filled out if signed outside of branch location)*

I certify that \_\_\_\_\_ personally appeared before and signed the this Business Services Membership Application and Signature Card on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Signature of Notary

(Official Seal)

\_\_\_\_\_, Notary Public  
Notary's printed or typed name

My commission expires: \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Name of Business Service Representative

\_\_\_\_\_  
Date of Approval