



CREDIT UNION

5300 Hyland Greens Drive

Bloomington, MN 55437

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www.sharepointcu.com

BUSINESS ACCOUNT APPLICATION

Business Information

| | | | |
|--|------------------|-----------------------------|-----|
| Name of Business | | Soc. Sec. #/Fed. Tax I.D. # | |
| Address (No P.O. Boxes) | City | State | Zip |
| County | Years at Address | Industry Type | |
| Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: | | | |
| Years In Business | Business Phone | Business Fax | |
| Nature of your business: | | | |
| Business Annual Income: <input type="checkbox"/> \$0 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001+ | | | |
| Contact Name | Email Address | Website | |
| Citizenship: Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what country are you a citizen? | | | |

Business Questions

| | |
|---|--|
| 1) Has the business or anyone who will be an authorized signer on the account resided in Minnesota for the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, where else? | |
| 2) Has the business or anyone who will be an authorized signer on the account had a transaction account at this or another financial institution within 12 months before making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Institution(s) | |
| 3) Has the business or anyone who will be an authorized signer on the account had a transaction account closed by a financial institution without consent within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Reason | |
| 4) Has the business or anyone who will be an authorized signer on the account had a transaction account that has been involved in a conviction of a criminal offense within 24 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain | |
| 5) Has the business or anyone who will be an authorized signer on the account a (1) currency dealer or exchanger, (2) check casher, (3) issuer of traveler's checks, money orders or stored value, (4) seller or redeemer of traveler's checks, money orders, or stored value, or (5) money transmitter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, designate which of the above apply and explain: Are transactions done for \$1,000 or more per day? | |
| 6) Will funds be direct deposited to your account? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7) Will there be other ACH activity on the account exceeding \$2,000 per month? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many?: How much will ACH activity total per month? \$ | |
| 8) Will you be sending or receiving more than \$2,000 per month using wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many?: How much will wire transfers total per month \$ How many will be international? How much will the international wires total per month? \$ Is there a particular country or countries you will primarily be sending/receiving wires to/from? | |
| 9) Do you plan to have cash deposits or withdrawals exceeding \$2,000 per month? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many?: How much will cash transactions total per month? \$ | |
| 10) Will there be purchases of monetary instruments such as money orders exceeding \$2,000 per month? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many?: How much will cash transactions total per month? \$ | |
| 11) What average balance will you typically keep in the account? \$ | |

Go to reverse side for Authorized Signer Information, Authorization & Signatures and Tax Identification Certification required to complete this application.

Authorized Signer Information

| | | | |
|-------------------------|--|---------------|-----------|
| Name | Title | Date of Birth | |
| Address (No P.O. Boxes) | City | State | Zip |
| Social Security Number | <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport | | |
| | ID # | Issue Date | Exp. Date |
| Business Phone | Home Phone | Cell Phone | |
| Email Address | | | |

Authorized Signer Information

| | | | |
|-------------------------|--|---------------|-----------|
| Name | Title | Date of Birth | |
| Address (No P.O. Boxes) | City | State | Zip |
| Social Security Number | <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport | | |
| | ID # | Issue Date | Exp. Date |
| Business Phone | Home Phone | Cell Phone | |
| Email Address | | | |

Please read the following statement: I/We agree to not use this account to engage in unlawful internet gambling.

| | |
|---------|---------|
| Initial | Initial |
|---------|---------|

Request for Taxpayer Identification Number and Certification

Under penalty of perjury, enter the organization's Taxpayer Identification Number (TIN) on the line below. The TIN must match the Business or Organization name shown above. If you are a sole proprietor and you have an Employer Identification Number (EIN), you may use either your SSN or EIN. The IRS prefers you use your SSN. If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN or EIN (not the disregarded entity's EIN). If the LLC is classified as a corporation or partnership, enter the entity's EIN. For other entities, provide the entity's EIN. Complete rules on TINs can be found on IRS Form W-9 and related instructions. Also see *Understanding Your EIN* at www.irs.gov.

TIN: _____

Under penalty of perjury, I certify that (check all that apply);

- ☐ The number shown above is the correct TIN.
- ☐ The organization is not subject to backup withholding either because: (a) it is exempt from backup withholding, or (b) it has not been notified that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the organization that it is no longer subject to backup withholding.
- ☐ I am a U.S. citizen or U.S. resident alien, or a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

For LLC's, check the tax classification: ☐ Disregarded entity ☐ Corporation ☐ Partnership

Authorization & Signature(s)

By signing below, I/we acknowledge receipt of and agree to the terms and conditions of my account(s) as stated in the "Understanding Your Accounts" disclosure and any amendments the Credit Union makes to these documents from time to time. It is a Federal crime to willfully and deliberately provide incomplete or incorrect information on account applications made to Federal or State chartered credit unions insured by the NCUA. I/we understand that any of these terms may be changed by the Credit Union from time to time. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| Signature | Title | Date |

For Office Use Only:

| | |
|--|---------------|
| Date | Member Number |
| | |
| <input type="checkbox"/> New Account <input type="checkbox"/> Addition to Existing Account | |