



**PASADENA
FEDERAL CREDIT UNION**
P.O. Box 7132
Pasadena, CA 91109-7132
800.445.7320 • FAX 626.799.5114
www.pfcu.org

Business Membership Application & Agreement

Account Number

Account Type(s):	<input type="checkbox"/> Premier Savings	<input type="checkbox"/> Elevate Savings	<input type="checkbox"/> Business Money Market
	<input type="checkbox"/> Launch Checking	<input type="checkbox"/> Summit Checking	<input type="checkbox"/> Business Certificate (<i>term</i>) _____
Business Classification:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company/PLLC
	<input type="checkbox"/> _____	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Non-Profit Corporation

Eligibility

Eligibility _____

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

Business Name		DBA		Social Security/Employer Identification #	
Physical Address					Years Established
Mailing Address					No. of Employees
Business Telephone Number	Business Fax Number	Business Email Address	Business Website	Business Annual Income	

Business Owner/Officer 1 Information

Full Name		Title		Social Security #		% Ownership	
Physical Address					Birth Date		
Mailing Address					Driver License #		
Home Telephone Number	Mobile Telephone Number	Email Address		D.L. Issue Date	D.L. Expire Date	D.L. State	

Business Owner/Officer 2 Information

Full Name		Title		Social Security #		% Ownership	
Physical Address					Birth Date		
Mailing Address					Driver License #		
Home Telephone Number	Mobile Telephone Number	Email Address		D.L. Issue Date	D.L. Expire Date	D.L. State	

Business Owner/Officer 3 Information

Full Name		Title		Social Security #		% Ownership	
Physical Address					Birth Date		
Mailing Address					Driver License #		
Home Telephone Number	Mobile Telephone Number	Email Address		D.L. Issue Date	D.L. Expire Date	D.L. State	

Business Owner/Officer 4 Information

Full Name		Title		Social Security #		% Ownership	
Physical Address					Birth Date		
Mailing Address					Driver License #		
Home Telephone Number	Mobile Telephone Number	Email Address		D.L. Issue Date	D.L. Expire Date	D.L. State	

ATM Card/Mastercard Debit Card/Telephone Banking Audio/Online Banking/Mobile Banking

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 ATM or Mastercard Debit 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:

- ATM Card
- Mastercard Debit Card
- Telephone Banking Audio
- Online Banking
- Mobile Banking

Name on Card 1: _____

Name on Card 2: _____

Name on Card 3: _____

Name on Card 4: _____

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 (or You are waiting for a number to be issued to You); 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 _____

Authorized Signer 1 Information

Unless We receive written instructions to the contrary, the following individual is 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. Pasadena Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with the signature below, and is further authorized to accept a facsimile of any signature below.

Full Name		Title		Social Security #	
Physical Address				Birth Date	
Mailing Address				Driver License #	
Home Telephone Number	Mobile Telephone Number	Email Address	D.L. Issue Date	D.L. Expire Date	D.L. State
Employer		Signature: Date:			
Occupation					

Authorized Signer 2 Information

Unless We receive written instructions to the contrary, the following individual is 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. Pasadena Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with the signature below, and is further authorized to accept a facsimile of any signature below.

Full Name		Title		Social Security #	
Physical Address				Birth Date	
Mailing Address				Driver License #	
Home Telephone Number	Mobile Telephone Number	Email Address	D.L. Issue Date	D.L. Expire Date	D.L. State
Employer		Signature: Date:			
Occupation					

Authorized Signer 3 Information

Unless We receive written instructions to the contrary, the following individual is 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. Pasadena Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with the signature below, and is further authorized to accept a facsimile of any signature below.

Full Name		Title		Social Security #	
Physical Address				Birth Date	
Mailing Address				Driver License #	
Home Telephone Number	Mobile Telephone Number	Email Address	D.L. Issue Date	D.L. Expire Date	D.L. State
Employer		Signature: Date:			
Occupation					

Authorized Signer 4 Information

Unless We receive written instructions to the contrary, the following individual is 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. Pasadena Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with the signature below, and is further authorized to accept a facsimile of any signature below.

Full Name		Title		Social Security #	
Physical Address				Birth Date	
Mailing Address				Driver License #	
Home Telephone Number	Mobile Telephone Number	Email Address	D.L. Issue Date	D.L. Expire Date	D.L. State
Employer		Signature: Date:			
Occupation					

Account Use Questionnaire

Will You be making frequent or large cash withdrawals or deposits? Yes No (If no, enter NA. If yes, enter amounts)

Will You be making frequent or large wire transfers? Yes No (If no, enter NA. If yes, enter amounts)

Do You have citizenship with any other country other than the U.S.? Yes No (If no, enter NA. If yes, please list that country)

Is the business a money services business (MSB)? Yes No

Is the business a marijuana related business? Yes No

Signatures

You hereby apply for membership with Pasadena Federal 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 Pasadena Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the business 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 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 Pasadena Federal 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 _____ Membership Officer _____

<input type="checkbox"/> Credit Report	<input type="checkbox"/> OFAC	<input type="checkbox"/> Verafin	<input type="checkbox"/> estatements
<input type="checkbox"/> Checks Ordered	<input type="checkbox"/> Chex Systems	<input type="checkbox"/> Card Ordered	<input type="checkbox"/> Telephone Banking Audio
<input type="checkbox"/> Online Banking	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Bill Pay	



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Certification Regarding Beneficial Owners of Legal Entity Customers

I. GENERAL INSTRUCTIONS

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 must You 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 percent 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.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

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, Type, 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	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number (1)

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

- (1) In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, 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.

- 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 Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number (1)

- (1) In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, 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.

You, _____ (name of natural person opening account), hereby certify, to the best of Your knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____ Legal Entity Identifier _____ (Optional)