



Business Account Application Packet

Thank you for your interest in Northrop Grumman Federal Credit Union (the Credit Union) for your business needs. This Business Application Packet provides you with information you need to expedite the opening of your business account. Below is a checklist of the documents you must provide to establish a business account with the Credit Union. All documents submitted must be original and will be verified. All new business memberships must be approved prior to opening based on the Credit Union's policy. For additional questions, please contact your Credit Union representative at (310).808.4000 or (800).633.2848.

In addition to the documents in the checklist below, you must complete the information in this Business Account Application Packet. Any missing or incorrect information may delay the opening of your account.

For All Business Accounts

- Complete this Business Account Application Packet
- Provide legible copies of your unexpired driver's license or other unexpired, government issued ID for each account signer and for each Beneficial Owner (see below)
- Business license (if applicable)

For Sole Proprietorships

- Certified Fictitious Business Name Statement
- SS4 Letter from the IRS (if applicable)

For Limited Liability Companies (LLCs)

- Articles of Organization
- Operating Agreements
- LLC Resolutions
- SS4 Letter from the IRS
- Foreign Registration (if the business is registered outside of the state in which it operates)

Corporations

- Articles of Incorporation
- Corporate Resolutions
- SS4 Letter from the IRS
- Foreign Registration (if the business is registered outside of the state in which it operates)

Partnerships

- Partnership Agreement
- Partnership Resolutions
- SS4 Letter from the IRS
- Fictitious Business Name Statement (only if business name does not include the name of each of the partners or suggests there are additional partners)

Recreation Club or Similar

- SS4 Letter from the IRS
- Meeting Minutes
- Identification of Officers

Important Information About Your Business Account

UNLAWFUL INTERNET GAMBLING AND OTHER ILLEGAL ACTIVITIES: You agree that you are not engaged in unlawful Internet gambling or any other illegal activity. You agree that you will not use any of your accounts, access devices or services for unlawful gambling or any other illegal activities. We may, at our sole discretion, terminate your account relationship if you engage in unlawful gambling or any other illegal activities.

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 identifies 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/date business was created, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. For all business accounts, we will establish the Beneficial Owners of the account, and each Beneficial Owner will be required to provide the same identifying information upon account opening and as requested in the future.

FOR ALL BUSINESS ACCOUNTS: Each member named on a business account must be a member of Northrop Grumman Federal Credit Union. Any individual who is not a member, must become a member prior to opening the account.

Business Information

Business/Organization Name:		Mbr/Acct No:	
Other Names or DBA:		Tax/EIN No:	
State of Organization:	Established:	Website:	
Nature of Business:			
Type of Organization:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	
<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corp	<input type="checkbox"/> Single Member LLC	
<input type="checkbox"/> Organization/Association/ Rec Club	<input type="checkbox"/> S Corp	<input type="checkbox"/> Multi Member LLC	
License Number (if applicable):	Issue Date:	Expiration Date:	
Physical Address:		Mailing Address (<input type="checkbox"/> Check if same as physical address):	

Officers, Partners, Members, and Authorized Signers: (use "Additional Owner Addendum" for additional individuals)

Name:		Title:	SSN:	
Date of Birth:	DL No:	State:	Exp Date:	
Home Phone:		Business/Alt Phone:		
Physical Address:		Mailing Address (<input type="checkbox"/> Check if same as physical address):		
Employer:		Occupation:	Start Date:	
Percentage of Ownership:		Email:		

Officers, Partners, Members, and Authorized Signers: (use "Additional Owner Addendum" for additional individuals)

Name:		Title:	SSN:	
Date of Birth:	DL No:	State:	Exp Date:	
Home Phone:		Business/Alt Phone:		
Physical Address:		Mailing Address (<input type="checkbox"/> Check if same as physical address):		
Employer:		Occupation:	Start Date:	
Percentage of Ownership:		Email:		

Account Type and Services Requested

Products

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Debit/ATM Card |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Mobile Deposit |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Online Account Access |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Overdraft Protection from a Savings Account |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalty of perjury, the undersigned certifies on behalf of the Account owner that:

1. The number shown on this form is the Account Owner's correct taxpayer identification number (TIN);
2. The account owner is not subject to backup withholding because it is exempt from backup withholding or it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified the Account Owner that it is no longer subject to backup withholding; and
3. The Account Owner is a U.S. Citizen or other U.S. Person. For Federal tax purposes, the Account Owner is considered a US 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; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

Certification Instructions: Cross out 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. Cross out item 3 and complete the appropriate W-8 form if the Account Owner is not a U.S. person.

Authorization: On behalf of the Account Owner, the undersigned apply(ies) for membership in Northrop Grumman Federal Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and the additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to this document. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Name:	Title:
Signature:	Date:
Name:	Title:
Signature:	Date:
Name:	Title:
Signature:	Date:

Additional Owners Addendum

Officers, Partners, Members, and Authorized Signers: (use "Additional Owner Addendum" for additional individuals)				
Name:		Title:		SSN:
Date of Birth:		DL No:		State:
Home Phone:		Business/Alt Phone:		
Physical Address:		Mailing Address (<input type="checkbox"/> Check if same as physical address):		
Employer:		Occupation:		Start Date:
Percentage of Ownership:		Email:		
Name:		Title:		SSN:
Date of Birth:		DL No:		State:
Home Phone:		Business/Alt Phone:		
Physical Address:		Mailing Address (<input type="checkbox"/> Check if same as physical address):		
Employer:		Occupation:		Start Date:
Percentage of Ownership:		Email:		

Certification of Beneficial Owners

I. GENERAL INFORMATION

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 any 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; and (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?

When you open a new account on behalf of a **legal entity**, the financial institution will ask for information about the **legal entity's** beneficial owner(s), including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). 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.

Beneficial owners are:

1. 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**
2. 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 (1), 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 (1), you must provide the identifying information of one individual under section (2). 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 (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1)). 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 Owners

Person(s) opening an account on behalf of a legal entity must provide the following information:

- a. Name and Title of Natural Person Opening Account:
Name: _____
Title: _____
- b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened:
Name: _____
Type: _____
Address: _____

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 in the legal entity listed above:

Name	Date of Birth	Address (Res./Bus.)	US Person (SSN)	Non-US Person ¹	% Ownership

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 (Res./Bus.)	US Person (SSN)	Non-US Person ¹

¹In lieu of a passport number, non-US persons may also provide a Social Security Number (SSN), 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.

I, _____ (name of 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: _____



Business Account Application Packet

Due Diligence Questionnaire

Business Information	
Business Name:	
Business Description:	
Person Completing this Form:	
Are your customers International?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a retail business? If "Yes", enter the number of locations _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the business is a Corporation or LLC, is it publicly traded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the business is an organizational/association, with which sponsor is it associated? <input type="checkbox"/> NGC <input type="checkbox"/> Metro <input type="checkbox"/> Metrolink	
Will business be conducted at a location other than disclosed on the application? If "Yes", describe the additional location(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any portion of the business income generated from Internet Gambling? If "Yes", does such activity by your company involve, in any way, the use of the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a marijuana-related business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a sole proprietorship or single-owner LLC, do you act as an intermediary between your clients and the bank performing services or arranging services to be performed on your client's behalf? If "Yes", please describe the clients and services _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any income from the business derived from one or more of the following:	
Foreign Currency Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cashing Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Issuing/Selling money orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transmitting money on your customers' behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration or exchange of virtual currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide or sell prepaid access to funds such as gift cards or other devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any of the owners of the business Politically Exposed Persons (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For any answers "Yes" to the above, please describe: _____ _____	
Does the business have relationship with other financial institution? If "Yes", provide the most recent three months of bank statements	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Information

Does the business plan any major expansion in the next two to three years? Yes No

If "Yes", please describe: _____

If requested, will the business allow NGFCU personnel to visit the business location? Yes No

Source and amount of initial deposit: _____ \$ _____

Financial Services Needs

For each of the following transaction types, designate the approximate number of times per month and estimated dollar amount you expect the business to conduct.

Cash (In Branch)

Deposits	Times per month _____	Expected monthly volume \$ _____
Withdrawals	Times per month _____	Expected monthly volume \$ _____

Cash (ATM)

Deposits	Times per month _____	Expected monthly volume \$ _____
Withdrawals	Times per month _____	Expected monthly volume \$ _____

Checks

Deposits	Times per month _____	Expected monthly volume \$ _____
Withdrawals	Times per month _____	Expected monthly volume \$ _____

ACH

Incoming	Times per month _____	Expected monthly volume \$ _____
Outgoing	Times per month _____	Expected monthly volume \$ _____

Wire Transfers

Incoming	Times per month _____	Expected monthly volume \$ _____
Outgoing	Times per month _____	Expected monthly volume \$ _____

Monetary Instrument Purchases	Times per month _____	Expected monthly volume \$ _____
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