

# Business Account Onboarding Questionnaire

**Thank you in your interest in opening a business account with ASI Federal Credit Union. Please provide the following information regarding your business and desired services.**

## Business Information

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_ Member # (if applicable): \_\_\_\_\_

Type of Entity:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor               | <input type="checkbox"/> LLC                 | <input type="checkbox"/> Corporation      |
| <input type="checkbox"/> General Partnership           | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Association/Club |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Organization        | <input type="checkbox"/> Non-Profit       |

Type of business (Goods/Services provided): \_\_\_\_\_

Does your business involve any of the following?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sale/Exchange of Virtual Currency         | <input type="checkbox"/> Sale of Branded Cards     | <input type="checkbox"/> Check Cashing |
| <input type="checkbox"/> Transmittal of Money on Customer's Behalf | <input type="checkbox"/> Foreign Currency Exchange | <input type="checkbox"/> Money Orders  |

What is the primary source of deposited funds? \_\_\_\_\_

Do you act as an intermediary between your clients and the bank performing services or arranging for services on your client's behalf? E.g. lawyers, accountants, investment brokers, etc.

- Yes       No

If yes, what services do you provide?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Funds Management | <input type="checkbox"/> Insurance       |
| <input type="checkbox"/> Investment Advisory | <input type="checkbox"/> Legal            | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Notary              | <input type="checkbox"/> Real Estate      | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Trust Management    |   |  |

Does your business involve any of the following?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Casinos or Gambling Establishments                    | <input type="checkbox"/> Insurance                          | <input type="checkbox"/> Loan/Financing |
| <input type="checkbox"/> Credit Card System Operations                         | <input type="checkbox"/> Precious Metals, Stones or Jewels  | <input type="checkbox"/> Vehicle Sales  |
| <input type="checkbox"/> U.S. Postal Service                                   | <input type="checkbox"/> Real Estate Settlement and Closing | <input type="checkbox"/> Travel Agency  |
| <input type="checkbox"/> Securities, Futures Commissions, or Commodity Trading |   |   |

Do you own, lease, operate, or replenish an ATM?

- Yes       No

If yes, are the ATMs:     Owned       Leased

If leased, the Lessor is: \_\_\_\_\_

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ATM Network Provider: \_\_\_\_\_

How are ATMs replenished?    Client     Lessor     Third-Party

Third-Party name and address: \_\_\_\_\_

Source of funds used to replenish the ATM:

Member Account(s)                       Cash from Business                       Cash from Lessor                       Other (specify)

If ATM is replenished from member deposit account(s), estimated weekly volume of cash withdrawals: \$ \_\_\_\_\_

### Account/Membership Information

Type of account requested:

Savings     Checking     Certificates

Which of the following will your account be used for?

Payroll     Savings     Credit Card Processing  
 Operational     Lottery     Other: \_\_\_\_\_

Which types of services do you wish to utilize with this account?

- |   |   |
|---|---|
| <input type="checkbox"/> Cash Deposits                | If yes, how much monthly? _____               |
| <input type="checkbox"/> Cash Withdrawals             | If yes, how much monthly? _____               |
| <input type="checkbox"/> Incoming Wires               | If yes, what is expected monthly total? _____ |
| <input type="checkbox"/> International Incoming Wires | If yes, what countries? _____                 |
| <input type="checkbox"/> Outgoing Wires               | If yes, what is expected monthly total? _____ |
| <input type="checkbox"/> International Outgoing Wires | If yes, what countries? _____                 |
| <input type="checkbox"/> Check Deposits               | If yes, what is expected monthly total? _____ |
| <input type="checkbox"/> Check Withdrawals            | If yes, what is expected monthly total? _____ |
| <input type="checkbox"/> Monetary Instruments         | If yes, what is expected monthly total? _____ |
| <input type="checkbox"/> ATM Deposits                 | If yes, what is expected monthly total? _____ |
| <input type="checkbox"/> ATM Withdrawals              | If yes, what is expected monthly total? _____ |

# Business Account Onboarding Questionnaire

## 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: \_\_\_\_\_ 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% 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 #	For Foreign Persons: Passport # and Country of Issuance <sup>1</sup>	% of Ownership
1.						
2.						
3.						
4.						

\*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit, etc.):

**\*Beneficial Owner Detail:** As applicable, please explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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 #	For Foreign Persons: Passport # and Country of Issuance <sup>1</sup>

I, \_\_\_\_\_ (*name of natural 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 \_\_\_\_\_ (Optional)

<sup>1</sup> 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.

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## Beneficial Owner Verification

**For internal use ONLY.**

### Beneficial Owner #1:

Driver's License Number, or Other Identifying Document: \_\_\_\_\_

State (or Country) of Issue: \_\_\_\_\_ ; Issue Date: \_\_\_\_\_ ; Expire Date: \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**OFAC Check** Comments (if applicable): \_\_\_\_\_

### Beneficial Owner #2:

Driver's License Number, or Other Identifying Document: \_\_\_\_\_

State (or Country) of Issue: \_\_\_\_\_ ; Issue Date: \_\_\_\_\_ ; Expire Date: \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**OFAC Check** Comments (if applicable): \_\_\_\_\_

### Beneficial Owner #3:

Driver's License Number, or Other Identifying Document: \_\_\_\_\_

State (or Country) of Issue: \_\_\_\_\_ ; Issue Date: \_\_\_\_\_ ; Expire Date: \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**OFAC Check** Comments (if applicable): \_\_\_\_\_

### Beneficial Owner #4:

Driver's License Number, or Other Identifying Document: \_\_\_\_\_

State (or Country) of Issue: \_\_\_\_\_ ; Issue Date: \_\_\_\_\_ ; Expire Date: \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**OFAC Check** Comments (if applicable): \_\_\_\_\_

### Individual with Control:

Driver's License Number, or Other Identifying Document: \_\_\_\_\_

State (or Country) of Issue: \_\_\_\_\_ ; Issue Date: \_\_\_\_\_ ; Expire Date: \_\_\_\_\_

Secondary Form of Identification: \_\_\_\_\_

**OFAC Check** Comments (if applicable): \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_