

Required Documentation for opening a Business Account at Bellco Credit Union (Additional documents may be requested)

| Name | | Acct # | |
|-----------------|---|-----------------|--|
| Initials | Sole Proprietorship | Initials | Limited Liability Company w/2 or more members |
| | Completed Account Profile | | Completed Account Profile |
| | Transactional Owner for each owner/signer with CBR | | Transactional Owner for each owner/signer with CBR |
| | Completed Member Financial Review | | Non-Transactional Owner if applicable |
| | Colorado Trade Name Affidavit | | Completed Member Financial Review |
| | Cert of Tax ID form 575C/147C/Social may be used | | Articles of Organization |
| | Valid Identification for every owner/signer | | Certificate of Good Standing |
| | If using SSN Account reads member dba business ---Example--- John Smith DBA John Smith Tools | | Certification of Tax ID form 575C/147C-NO SOCIAL |
| | Business license (cart vendors only) | | Valid Identification for every owner/signer |
| | Completed FinCEN CDD Certification Form | | Completed FinCEN CDD Certification Form |
| | Completed Business Account Signature Card | | Completed Business Account Signature Card |
| | | | |
| Initials | General Partnership | Initials | Corporations |
| | Completed Account Profile | | Completed Account Profile |
| | Transactional Owner for each owner/signer with CBR | | Transactional Owner for each owner/signer with CBR |
| | Non-Transactional Owner if applicable | | Non-Transactional Owner if applicable |
| | Completed Member Financial Review | | Completed Member Financial Review |
| | Colorado Trade Name Affidavit | | Articles of Incorporation |
| | Certificate of Good Standing | | Certificate of Good Standing |
| | Cert of Tax ID form 575C/147C – NO SOCIAL | | Cert of Tax ID form 575C/147C – NO SOCIAL |
| | Partnership Agreement (if they have one) | | Valid Identification for every owner/signer |
| | Valid Identification for every owner/signer | | Completed FinCEN CDD Certification Form |
| | Completed FinCEN CDD Certification Form | | Completed Business Account Signature Card |
| | Completed Business Account Signature Card | | |
| | | | |
| Initials | Limited Partnership | Initials | Non-Profit Organizations |
| | Completed Account Profile | | Completed Account Profile |
| | Transactional Owner for each owner/signer with CBR | | Transactional Owner for each owner/signer with CBR |
| | Non-Transactional Owner if applicable | | Non-Transactional Owner if applicable |
| | Completed Member Financial Review | | Completed Member Financial Review |
| | Colorado Trade Name Affidavit | | Minutes from board meeting designating signers |
| | Certificate of Good Standing | | Certificate of Good Standing |
| | Certification of Tax ID form 575C/147C-NO SOCIAL | | Certification of Tax ID form 575C-NO SOCIAL |
| | Certificate of Limited Partnership | | Valid Identification for every owner/signer |
| | Valid Identification for every owner/signer | | Completed FinCEN CDD Certification Form |
| | Completed FinCEN CDD Certification Form | | Completed Business Account Signature Card |
| | Completed Business Account Signature Card | | |
| | | | |
| Initials | Limited Liability Company w/1 Member | | Manager Signature |
| | Completed Account Profile | | Branch |
| | Transactional Owner for each owner/signer with CBR | | Business Email in DNA |
| | Completed Member Financial Review | | Date scanned in to Records |
| | Articles of Organization | | |
| | Certificate of Good Standing | | |
| | Cert of Tax ID form 575c/147C/Social may be used | | |
| | Valid Identification for every owner/signer | | |
| | Completed FinCEN CDD Certification Form | | |
| | Completed Business Account Signature Card | | Revised 5/2018 |



0012401



Business Account Profile

To be completed by member

IMPORTANT INFORMATION ABOUT PROCEDURES 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 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.

SELECT ONE: Sole Proprietor LLC Partnership - General Partnership - Limited S Corporation
 Organizations & Associations Corporation Non-Profit Organization Non-Profit Corporation

Business Name _____ Tax ID Number _____

Business Address (No PO Box) _____
STREET ADDRESS CITY STATE ZIP CODE

Mailing Address _____
STREET ADDRESS CITY STATE ZIP CODE

Business Phone _____ Cell Phone Principal Owner/Officer _____

Email(s) _____

Time in Business _____ Company Website _____

Nature of Business _____

LEVEL OF OWNERSHIP AND/OR SIGNING AUTHORITY (List Owners Full Names)

% of Ownership (would be 0% if only a signer) **Signer** (on account)

| | | | | |
|------------|-------------|---------|------------------------------|-----------------------------|
| Name _____ | Title _____ | _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name _____ | Title _____ | _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name _____ | Title _____ | _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name _____ | Title _____ | _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name _____ | Title _____ | _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Are you a money service business (e.g. check cashing, money transmitter)? Yes No
- Does your business owe any taxes for years prior to the current year? (Income, real estate, property, etc.) Yes No
- Is your business a party to any claim or lawsuit current or pending ? Yes No
- Are there any outstanding judgments/liens against the business? Yes No
- Is your business involved in any gambling activities, including internet gambling?* Yes No
- Are you a marijuana related business? Yes No
- Are you a professional service provider (e.g. Accountant, Lawyer, Investment broker)? Yes No
- Do you own, operate or replenish and ATM? Yes No

I authorize Bellco Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statement contained in the attachments are true, complete and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

*Bellco Credit Union does not do business with any organization involved in gaming or any illegal activity



Owner/Signer Information

| | |
|--|---------------------------|
| Role | CBR (Completed by Bellco) |
| <input type="checkbox"/> Owner and Signer | _____ |
| <input type="checkbox"/> Signer | _____ |
| <input type="checkbox"/> Non-Transactional Owner | No CBR Needed |

All Owner's of 25% or more must be an Owner/Signer or Non-Transactional Owner

Business Name _____

Individual Name _____

Title _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Home Address _____
STREET ADDRESS CITY STATE ZIP CODE

Home/Residence Contact Number _____

Cell Contact Number _____

Email Address _____

Occupation _____

Driver's License or State ID Number (copy of ID) _____

Percentage of Ownership/Membership _____

| | | |
|---|------------------------------|-----------------------------|
| Do you owe any taxes for years prior to the current year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you party to any claim or lawsuit pending or current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you declared bankruptcy? (4 year discharge) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any outstanding judgments/liens against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been indicted or convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain _____

I authorize Bellco Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statement contained in the attachments are true, complete and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature _____ Date _____



Owner/Signer Information

| | |
|--|---------------------------|
| Role | CBR (Completed by Bellco) |
| <input type="checkbox"/> Owner and Signer | _____ |
| <input type="checkbox"/> Signer | _____ |
| <input type="checkbox"/> Non-Transactional Owner | No CBR Needed |

All Owner's of 25% or more must be an Owner/Signer or Non-Transactional Owner

Business Name _____

Individual Name _____

Title _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Home Address _____
STREET ADDRESS CITY STATE ZIP CODE

Home/Residence Contact Number _____

Cell Contact Number _____

Email Address _____

Occupation _____

Driver's License or State ID Number (copy of ID) _____

Percentage of Ownership/Membership _____

| | | |
|---|------------------------------|-----------------------------|
| Do you owe any taxes for years prior to the current year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you party to any claim or lawsuit pending or current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you declared bankruptcy? (4 year discharge) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any outstanding judgments/liens against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been indicted or convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain _____

I authorize Bellco Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statement contained in the attachments are true, complete and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature _____ Date _____

Business Member Financial Review

Permission statement: "Thank you again Mr./Mrs. _____ for coming to Bellco. As we just discussed, in order to make sure that we provide you with the solutions/services to fit your specific needs, I will be asking you various questions and taking some notes. This is solely for the purpose of helping you with the right solutions for your needs. This is not an application.

Business Name _____
Financial Specialist _____

Business Name _____

Business Address _____

Member: New Member Existing Member Nature of Business _____

What brings you in today? _____

STEP 1: MANAGING MONEY - BASIC MEMBER NEEDS

To better understand how we can help you manage your finances, and recommend solutions to simplify your banking needs. I'd like to ask you some questions to learn more about how you manage your money.

| | Account Type | Where | Avg. Bal. | Rate | Fees |
|---|--------------|-------|-----------|------|------|
| Where do you currently bank? | Checking | | \$ | % | \$ |
| | Savings | | \$ | % | \$ |
| What do you like/dislike about your current bank or accounts? | CD/IRA | | \$ | % | \$ |

STEP 2: MONTHLY ACCOUNT ACTIVITY ESTIMATES

Do you plan to deposit or withdrawal more than \$20,000.00 in cash monthly? Yes No If yes, how much? \$ _____

Do you plan to deposit more than \$20,000.00 in checks monthly Yes No If yes, how much? \$ _____

Do you plan to write more than \$12,000.00 in checks monthly? Yes No If yes, how much? \$ _____

Do you plan on sending or receiving any international wires through your accounts? Yes No If yes, how much? \$ _____

Do you plan on sending or receiving more than \$25,000.00 in ACH payments monthly? Yes No If yes, how much? \$ _____

STEP 3: BUSINESS PRODUCTS/SERVICES

I want to customize your checking account based upon your needs.

CUSTOMERS

Who are your customers? / Where do they come from? _____

How do they pay? (Merchant Services needed?) / Remote Deposit _____

How many customers do you have? _____

MONEY MANAGEMENT (\$ In)

Who manages your accounts? _____

Do you pay for your product before or after you sell it? (LOC needed?) _____

Do you use online banking? If so, who has access/authority? (Online banking needed?) _____

\$ OUT

How many employees do you have and how do you pay them? (SEG benefits - See SEG Involvement Questions if interested or if Already a SEG! /Payroll Services needed?) _____

Date _____

Contact: 2 Day 10 Day 45 Day
Events: Quarterly Annual

How do you pay your vendors / who are your vendors?

How do you pay for your products? (Bill Pay needed?)

Do you pay before or after you sell them?

How many checks do you write?

PROFITS

What do you do with your profits? (Money Market / Investments needed?)

Do you own your space/building/office? If not, any plans to in the future? (Lending Options?)

Do you own your furniture, fixtures, equipment, company vehicles? Any future plans for updating or refinancing any existing obligations? (Lending Options?)

LOANS What loans/CC do you have?

| LOAN TYPE | WHERE | AVG. BAL. | RATE | FEEES | LOAN TYPE | WHERE | AVG. BAL. | RATE | FEEES |
|-----------|-------|-----------|------|-------|-----------|-------|-----------|------|-------|
| | | \$ | % | \$ | | | \$ | % | \$ |
| | | \$ | % | \$ | | | \$ | % | \$ |

STEP 4: WOW FACTORS

| CHECKING + CONVENIENCE | LOANS + CREDIT CARDS | SAVINGS + INVESTMENTS | ADDITIONAL SERVICES |
|--|--|---|---|
| <ul style="list-style-type: none"> • Checking • Bill Pay • Online Banking • Remote Deposit Capture • Business Disclosures • Fee Schedule | <ul style="list-style-type: none"> • Business Lines of Credit • Commercial Real Estate Loans • Commercial Vehicle Loans • Business Credit Card | <ul style="list-style-type: none"> • Savings • Money Market • Certificates of Deposit • Investment Management | <ul style="list-style-type: none"> • Merchant Processing • Payroll Services • Remote Deposit Capture • Insurance Services • Business Directory |

STEP 5: MANAGER MID-SESSION REVIEW

- What does your member value most?
- What needs did you uncover?
- What are you recommending?
- Review comments:

STEP 6: RETURN TO MEMBER AND PRESENT RECOMMENDATIONS

STEP 7: PROMISE TO CALL / ENHANCE & EXIT

At Bellco, we are committed to providing great service to our members. I promise to follow-up and call you in 10-15 days to make sure everything is working out well for you. What is best way to reach you.

| | |
|--------------|-----------|
| Phone Number | Best Time |
|--------------|-----------|

Email

- Ask for referrals...provide 2 business cards
- Review appointment with member:
 - Review account checklist
 - Online/Bill pay demonstrations
 - Hours, ATMs, Drive-up, Shared Branching
- Introduce banch manager
- Walk member to the door and thank them again?

STEP 8: FUTURE APPOINTMENTS**PRE-PLAN FOLLOW-UP**

| DATE | TIME | REASON |
|------|------|--------|
| | | |

Future product / service / referral recommendations

STEP 9: MANAGER POST REVIEW DATE

Date _____

STEP 8: FOLLOW-UP CALL

Objective of call: WOW members & schedule financial review appointment.

Check member solicitation preferences prior to making call. If member has selected to not be contacted, then the call can only be service in nature.

OPENING STATEMENT

- Hi _____, this is _____ calling from Bellco...How are you today? (Wait for response)
- If you recall, I opened your checking account here at the Bellco _____ Branch. (Wait for response)
- Is this a good time to talk for a moment? (If not, proceed to close)
- Great! Well I promised that I would follow-up with you and I keep my promises! I'm calling to see if you're all set up with your new account.
- First, did you receive your: ATM/Debit Card Checks Credit Card

QUESTIONS AND TRANSITION

- How do you like using Online Banking so far? _____
- What bills have you entered on Bill Pay? _____
- What questions can I answer for you today? _____

NOTE: The following questions may NOT be asked of members who have elected not to be contacted for solicitation.

- I remember that you did not take advantage of _____
- What are your thoughts about (pre-approvals/special offers) _____
- What I would like to do next is set-up a follow-up appointment with you so we can further discuss your financial goals.

CLOSING

- I work _____ through _____ and would like to set-up an appointment to meet with you in person.
- Does _____ or _____ work better for you? What time?
- Great! I look forward to seeing you again on _____ at _____.
- I respect your time, so I will be prepared to listen to your most important financial needs to be ready to recommend the right course of action. If something comes up, please call me and let me know. My number is 303-689- _____.

NOTES**NOTES**

Date _____ Date _____ Date _____ Date _____ Date _____

APPENDIX A -- 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 do I have to 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% 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:

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

| Name | Date of Birth | Address (Residential or Business Street Address) | <i>For U.S. Persons:</i> Social Security Number | <i>For Non-U.S. Persons:</i> 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.

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/Title | Date of Birth | Address (Residential or Business Street Address) | <i>For U.S. Persons:</i> Social Security Number | <i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹ |
|------------|---------------|--|--|---|
| | | | | |

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify Belco of any future changes of the beneficial ownership of this legal entity.

Signature: _____ Date: _____

Only complete the section below when recertifying beneficial ownership information has not changed when a triggering event occurs for an existing legal entity customer (e.g., a loan renewal or new account opened).

I, _____ (*name of natural person opening account*), hereby certify that the beneficial ownership information previously obtained is accurate and up-to-date.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Business Account Opening Procedure Checklist

This checklist is to be used by the Business relationship manager (Branch manager/Supervisor) to ensure that the business account was opened correctly.

| Managers Initials | Verify Nature of Business and ensure that it is not on the list of businesses Bellco does not allow. |
|--|---|
| | <ul style="list-style-type: none"> Business is not on the list of Businesses Bellco will not allow |
| | <ul style="list-style-type: none"> Check Business website |
| | <ul style="list-style-type: none"> Google Search and pull up the street view of the Businesses store front |
| | <ul style="list-style-type: none"> Call business' main phone number to hear how they answer the call |
| Verify account ownership meets the eligibility guidelines | |
| | <ul style="list-style-type: none"> Verify minimum of 51% of owners credit qualified and are going to be listed on accounts as transactional owners |
| | <ul style="list-style-type: none"> Determine if there are any owners with 25% or more ownership that will not be a transactional owner on the accounts they will still need an organization role of Non Transactional Owner |
| Verify that the business is created in DNA correctly | |
| | <ul style="list-style-type: none"> Business Legal structure in IMC matches the legal structure setup with the Colorado Secretary of State |
| | <ul style="list-style-type: none"> Name of Business in IMC matches exactly how it reads on the Secretary of State website |
| | <ul style="list-style-type: none"> If business is a Sole Prop setup under a social security number then it must read as a DBA. Example: "Donald Duck DBA Duck Dynasty Expeditions" |
| | <ul style="list-style-type: none"> Physical Address fields are filled out for the Business and not a PO Box |
| | <ul style="list-style-type: none"> All SIC and NAICS required codes are selected |
| Verify that the Organization Roles are setup in DNA correctly | |
| | <ul style="list-style-type: none"> All owners of 25% or more have an Organization role under the business. |
| | <ul style="list-style-type: none"> Any owner with 25% or more ownership that is not on the accounts has the Organization role of "Non Transactional Owner" |
| Verify that the Account Roles are setup correctly | |
| | <ul style="list-style-type: none"> All transactional owners are listed on the Business membership account |
| | <ul style="list-style-type: none"> All transactional owners are listed on the accounts roles as "Non Tax Owners" |
| | <ul style="list-style-type: none"> The entity is the "Tax Reported Owner" (TRO) on all accounts |
| | <ul style="list-style-type: none"> Signers are not listed on the Business membership account |
| | <ul style="list-style-type: none"> Signers do not have an org role listed under the business |
| | <ul style="list-style-type: none"> Signer only have the account role of Authorized Signer |
| Verify all required documentation is obtained and completed | |
| | <ul style="list-style-type: none"> Signature cards completed for each account and are completed through eSign. (If eSign is not working contact help desk to fix the issue before continuing) |
| | <ul style="list-style-type: none"> Owners are listed in the Responsible Individual section and signers are listed in the Authorized Signer section. Non Transactional Owners should not appear anywhere on the signature card or account roles |
| | <ul style="list-style-type: none"> Business Member Financial Review completed and reviewed by manager |
| | <ul style="list-style-type: none"> 575c letter from IRS if setup under a EIN |
| | <ul style="list-style-type: none"> All required documentation completed and included in the business packet with checklist signed by Branch manager |
| | <ul style="list-style-type: none"> Completed FinCEN Beneficial Owner Certification form |
| | <ul style="list-style-type: none"> All required documentation completed and included in the business packet with checklist signed by Branch manager |