

# **Business Profile Form**

The business must meet one of the following criteria to qualify for membership (1)it is located in Clackamas, Columbia, Hood River, Multnomah, Washington, Yamhill, Clark, or Skamania county in Oregon or Washington, (2)it is an "organization of" persons eligible for membership, which means **all** of the owners, (not signers), are eligible for membership – all owners must live, work, worship, own a business or go to school in one of the eligible Oregon or Washington counties.

Consolidated CCU is unable to open certain business types including, but not limited to those listed below:

<ul> <li>Check Cashing Establishments, Fore Exchanges, Third-Party Payment Pro Businesses, Pay Day lenders, Virtual servicing.</li> <li>Marijuana Related, Distribution, Mar</li> <li>Businesses involved in internet gamk</li> <li>Non-Governmental Organizations (I</li> <li>Political Action Committee/Political</li> <li>Special Interest Groups and Faith-Boorganizations</li> </ul>	<ul> <li>Foreign Correspondent Accounts</li> <li>Non-Banking Financial Institutions (Casinos, card clubs, gaming establishments; securities, futures commissions or commodity trading; Insurance; Loan/Finance; Credit cards system operation; Precious metals, stones, or jewels; Pawn brokerage; Travel agency; Telegraph company; Vehicle sales; Real estate closing and settlement; US Postal Service; Federal, state or local government agency carrying out a duty or power of a business)</li> <li>Businesses participating in or providing services to federally illegal activities including, but not limited to Pornography</li> </ul>							
Does your business participate in any of	the business types liste	ed above?	☐ Yes ☐ No					
If you answered YES to the above questi	ion, Consolidated CCl	J is not able to open	your business acc	ount at this time.				
Is the organization a charity?	] Yes 🗌 No							
How many beneficial owners, (people who own, control, and profit from your company), are involved in your business?								
Business Information								
Business name:		Year Established:	Website:					
Describe your business in detail:								
Describe the products/services you sell/offer in detail:								
Which of the following will your account(s) be used for?  General operating fund Payroll Savings Credit card process Other				ocessing				
Other Information								
Is the organization an embassy, foreign of	☐ Yes ☐ No							
Do you administer or exchange virtual c	☐ Yes ☐ No							
Do you act as an intermediary between arranging for services to be performed o	☐ Yes ☐ No							
Do you depend, in whole or in part, on a	☐ Yes ☐ No							
Will you be processing transactions that	☐ Yes ☐ No							
Do you or will you have an ATM at any c	☐ Yes ☐ No							



Business Account Activity						
Cash Deposits Cash Withdrawals	Yes No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Will your business require domestic incoming / outgoing wires?	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Will your business require international incoming / outgoing wires?	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +  Which countries?				
ACH Credit (Deposits)	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Will these transfers be received from non-US locations?	☐ Yes ☐ No	Which countries?				
ACH Debit (Withdrawals)	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +  Which countries?				
Will these transfer out to non-US locations?	☐ Yes ☐ No					
Check Deposits  Will you be depositing checks remotely	Yes No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
using mobile/remote deposit capture?	Yes No					
Check Withdrawals	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Purchase Monetary Instruments	☐ Yes ☐ No	If yes, select your anticipated monthly volume: <pre></pre>				
Credit Cards	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Will you be cashing checks or doing wires for your customers?	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Will your business be making deposits through an ATM?	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Will your business be making withdrawals through an ATM?	☐ Yes ☐ No	If yes, select your anticipated monthly volume:  ☐ < \$1,000 ☐ \$1000-\$3,000 ☐ \$3,000-\$10,000 ☐ \$10,000 +				
Ciamak		Desta				
Signature		Date				



# Certification of Beneficial Owner(s)

## Persons opening an account on behalf of a legal entity must provide the following information:

a. Name of Persor	i. Name of Person Opening Account:							
	Title:							
b. Name of Legal	Entity for which the	account is being opened:						
understanding,	relationship or othe	individual, if any, who directly or indirectly erwise, owns 25% or more of the equity inte please write "not applicable.")	- :	=				
Name	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	Non-U.S. Persons: Social Security Number, Passport number & Country of Issuance, or other similar ID number <sup>1</sup>				
d. The following in such as:	formation for <u>one</u> ir	ndividual with significant responsibility for m	nanaging the legal e	ntity listed above,				
		nior manager (e.g., Chief Executive Officer ging Member, General Partner, President, V						
<ul> <li>Any oth</li> </ul>	ner individual who r	egularly performs similar functions.						
(If appropriate, an indiv	idual listed under se	ection (c) above may also be listed in this s	section (d))					
Name	Date of Birth	Address	For US Persons: Social Security Number	For Foreign Persons: Passport number & Country of Issuance, or other similar ID number <sup>1</sup>				
l,		name of natural person opening account	), hereby certify, to tl	he best of my				
=	ormation provided	above is complete and correct. I agree to		•				
	rmation, as soon as possible and sign a new certification if needed.  nature							
_								
<sup>1</sup> In Lieu of a passport num	ber, foreign persons n	nay also provide an alien identification card nui	mber or number and co	ountry of issuance of				

any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

form updated 8/8/2023



#### CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

### **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 ultimately 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. Non-profit corporations are subject only to the control prong of the beneficial owner definition, meaning section "c" of the form is Not Applicable. **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 foreign 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 (c), 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 (c), you must provide the identifying information of one individual under section (d). 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 (d)), and up to five individuals (i.e., one individual under section (d) and four 25 percent equity holders under section (c)).

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.