

Business Accounts

Any person who lives and operates/owns a business (*or those who have the authority to open accounts and make financial transactions for the business*) in Onondaga, Oswego, Cayuga, or Madison county is eligible to open a business account with Money Federal Credit Union.

We will ask for the following documentation in order to open the business account:

- Membership application with the business's (TIN, address, etc.) information listed under "Primary Member". The business owner and those with authorization to open accounts and make financial transactions should be listed individually under "Joint Owner" sections
- W-9 with either the TIN of the business or SSN of the business owner
- Business Account Certification of Beneficial Owners form (*enclosed Money FCU form*)
You must also report this information yourself at fincen.gov/boi
- Business paperwork or Articles of Incorporation (DBA, LLC, business license, etc.) showing all persons who have authorization to make financial transactions on behalf of the business
- Driver's license or government-issued photo identification of anyone on the account
- IRS letter showing the issuing of the TIN/EIN for the business

Return the completed paperwork to us by one of the following:

Upload Securely: moneyfcu.org/upload

Mail or In Person: 125 E Jefferson St, Syracuse, NY 13202

Fax: (315) 671-4030

Secure Chat: www.moneyfcu.org



Certification of Beneficial Owners

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 (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).**

Certification of Beneficial Owners

TO BE COMPLETED IN ITS ENTIRETY



Business/Legal Entity Name:	EIN:
Entity Type: <input type="checkbox"/> Corporation (Including Nonprofit) <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> LP (Limited Partnership) or LLP (Limited Liability Partnership) <input type="checkbox"/> Other _____	
Business/Legal Entity Address:	

Persons opening an account on behalf of a Legal Entity must provide the following information:

Natural Person Opening Account	
Name:	Title (in relation to Entity):
Residential Address:	

(i.) Ownership - Beneficial Owner: Provide 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 entity.

BENEFICIAL OWNER NOT APPLICABLE because (select one): No Individual owns 25% or more This is a Nonprofit Entity

Name	Date of Birth	Residential Address (No PO Box Accepted)	Social Security # (For U.S. Persons)	Passport # & Country of Issuance* (For Non U.S. Persons)

(ii.) Individual with Control Information: Provide the following information for one individual with significant responsibility for managing the entity, such as:

An executive officer or senior manager (e.g. *Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer*)

Any other individual who regularly performs similar functions: _____
(Role)

If appropriate, an individual listed under the Ownership section above may also be listed in this section.

Name	Date of Birth	Residential Address (No PO Box Accepted)	Social Security # (For U.S. Persons)	Passport # & Country of Issuance* (For Non U.S. Persons)

Certification:

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 further agree to notify the financial institution of any change in ownership or control information during the period in which the account is open.

Signed: _____ Date: _____

*In lieu of a passport number, non U.S. Persons may also provide a SSN, a non-citizen 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.

BENEFICIAL OWNERSHIP REPORTING – KEY QUESTIONS

This document is explanatory only and does not supplement or modify any obligations imposed by statute or regulation. Please refer to the beneficial ownership information reporting final rule, available at www.fincen.gov/boi, for details on specific provisions.



1. Does my company have to report its beneficial owners?

While certain types of entities are exempt, if you are a small corporation or LLC, you will likely be required to report your beneficial ownership information to FinCEN. A key factor in determining whether your company will have to report is whether you had to file a document with your state's secretary of state or a similar office to create your company or, for foreign companies, register it to do business in the United States.



2. Who is a beneficial owner of my company?

A beneficial owner is any individual who exercises *substantial control* over your company, or who *owns or controls at least 25 percent* of your company.



3. Does my company have to report its company applicants?

There can be up to two individuals who qualify as company applicants — (1) the individual who directly files the document that creates, or first registers, the reporting company; and (2) the individual that is primarily responsible for directing or controlling the filing of the relevant document.

Your company is only required to report its company applicants if it is created or registered on or after January 1, 2024.



4. What specific information does my company need to report?

A reporting company will need to provide: (1) its legal name and any trade name or DBA; (2) its address; (3) the jurisdiction in which it was formed or first registered, depending on whether it's a U.S. or foreign company; and (4) its Taxpayer Identification Number (TIN).

For each of your company's beneficial owners and each company applicant (if required), your company will need to provide the individual's: (1) legal name; (2) birthdate; (3) address (in most cases, a home address); and (4) an identifying number from a driver's license, passport, or other approved document for each individual, as well as an image of the document that the number is from.



5. When and how should my company file its initial report?

If your company already exists as of January 1, 2024, it must file its initial BOI report by January 1, 2025. If your company is created or registered to do business in the United States on or after January 1, 2024, and before January 1, 2025, it will have 90 calendar days after receiving actual or public notice that the company's creation or registration is effective to file its initial BOI report. If your company is created or registered on or after January 1, 2025, it will have 30 calendar days from actual or public notice that its creation or registration is effective to file its initial BOI report.



6. What if there are changes to or inaccuracies in reported information?

Your company will have 30 days to report any changes to reported information. For updates, the 30 days start from when the relevant change occurs. For corrections, the 30 days start after you become aware of, or have reason to know of, an inaccuracy in a prior report.





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 Syracuse, NY 13202-2720
 Phone: (315) 671-4000
 FAX: (315) 671-4030
 Email: info@moneyfcu.org
 www.moneyfcu.org

MEMBER ACCOUNT APPLICATION

New Member Account Change

Member #	Date
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Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., "n/a" means not applicable.

Account Type

Regular Savings Checking Money Market Savings Holiday Club You Name it Club Vacation Club Monkey Kids Club Teen Club
 Share Certificate – Term _____ IRA (Separate Application Required) Other _____

Account Services

Overdraft Protection Debit Card Checks Other _____

Ownership

Individual Account **Joint Account with Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account. **Joint Account without Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

Primary Member (Applicant)

Name		Birth Date	SSN/TIN	
Physical Address (City, Street, State, Zip)		Email Address		Membership Eligibility
Work Telephone No.	Home Phone No.		Cell Phone No.	
Identification Type (photocopy required): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Expiration Date

Joint Owner

Name		Birth Date	SSN/TIN	
Physical Address (City, Street, State, Zip)		Email Address		Membership Eligibility
Work Telephone No.	Home Phone No.		Cell Phone No.	
Identification Type (photocopy required): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Expiration Date

Joint Owner

Name		Birth Date	SSN/TIN	
Physical Address (City, Street, State, Zip)		Email Address		Membership Eligibility
Work Telephone No.	Home Phone No.		Cell Phone No.	
Identification Type (photocopy required): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Expiration Date

Joint Owner – If more than three Joint Owners, see attached.

Name		Birth Date	SSN/TIN	
Physical Address (City, Street, State, Zip)		Email Address		Membership Eligibility
Work Telephone No.	Home Phone No.		Cell Phone No.	
Identification Type (photocopy required): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		Identification Number	Country/State of Issue	Expiration Date

Account Designation

Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 - Name and Address	Relationship	Date of Birth	Phone Number
	Email Address		
Beneficiary #2 - Name and Address	Relationship	Date of Birth	Phone Number
	Email Address		

UTMA Custodial Designation and Information

Custodian 1		Custodian 2	
Name:		Name:	
Address:		Address:	
Date of Birth:	SSN/TIN:	Date of Birth:	SSN/TIN:

As custodian for _____ (name of minor), age _____, SSN _____ under the Uniform Transfers to Minors Act.

UTMA Designation of Successor Custodian

Pursuant to the Uniform Transfers to Minors Act, I hereby designate:

successor custodian(s) for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Custodian Signature	Date
X	

Agency **Agent only for HSA**

Print Name of Agent: _____	Signature of Agent: _____
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All Accounts Designate Specific Account(s) _____

Authorized Signers

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. The signers further acknowledge receipt of and agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time.

Name	Title	Signature	Date
		X	
Name	Title	Signature	Date
		X	

Certificate of Authority

ACCOUNT OWNER – The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.

AUTHORIZED PARTIES – The persons signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.

AUTHORITY

- Each Authorized Party listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time.
- The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
- Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.
- The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.

LIABILITY – The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.

Important IRS Information - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1), that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2), that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding and (3), that unless designated below, I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am exempt I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Signatures

You hereby apply for membership with the Credit Union. You 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 and/or credit worthiness. 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 the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. You acknowledge receipt of a copy of the Agreements and Disclosures applicable to accounts and services herein. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. 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 regular 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 of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the 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). 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 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 and other identifying information. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Owner Signature	Date	Joint Owner Signature	Date
X		X	
Joint Owner Signature	Date	Joint Owner Signature	Date
X		X	

Notary Acknowledgment

Sworn to and subscribed before me this day _____ of _____, _____

X
Notary Public

Printed Name: _____

ID Number: _____