#  LEGAL ENTITY PROFILE

Date: CIF:

Account Number: Credit Union Employee:

(Check one) (Check one)

##  New Member

o

 Existing Member

o

 Exempt

o

 In Person

 Other

o

o

**PART 1**

Information

Name of Legal Entity:

Physical Address:

Mailing Address:

Phone number:

Email Address:

Website:

Signer Name:

CIF Number:

Is any Authorized Signer a Politically Exposed Person (PEP)? Yes or No

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If “Yes,” Signer’s Name:

Country Affiliation:

and

Position:

Type of Legal Entity Corp LLC Partnership Sole Proprietorship Nonprofit Agent Trust Estate Other

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NAICS:

What does the business do?

**PART 1**

Information (cont)

Please check and specify type of business:

Domestic Out of US - Name of Country:

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Foreign

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Retail:

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Wholesale:

Manufacturing:

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o

Service Provider:

Import/Export

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To / From Country(ies):

How do you qualify for membership?

What is the expected annual revenue?

Name of major suppliers/vendors:

Name of major customers:

Where is member currently banking?

What counties/parishes does the business operate in?

What states does the business operate in?

Where are your customers located?

What is the purpose of the account (Operations, Payroll, etc)?

Which financial institution is the money coming from?

Does any portion of income come from marijuana related income? Yes or No If “Yes,” how much? (Sale of CBD Oil, Paraphernalia, Hemp, etc.)

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Other credit union services member is interested in:

(Armored Service, Loans, Letters of Credit, Cashier’s Checks, etc.)

**PART 2**

Expected Account Usage

# Deposits / Month (Est)

$ Deposits / Month (Est) Deposit Cash? Yes / No

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o

If YES, estimate amount $ Withdraw Cash? Yes / No

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# Checks & Withdrawals / Month (Est)

$ Checks & Withdrawals / Month (Est)

Per Month / Per Transaction

o

o

If YES, estimate amount $

Per Month / Per Transaction

Purpose: Incoming Wires? Yes / No

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If YES, estimate amount $ Per Wire Frequency: Per Day / Week / Month (circle)

Country(ies) of Origin: Purpose:

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Outgoing Wires? Yes / No

If YES, estimate amount $ Per Wire Frequency: Per Day / Week / Month (circle)

Send to Country(ies) : Purpose:

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Purchase Monetary Instruments Yes / No

 If YES, estimate amount $ Purpose: Purpose:

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ACH Deposits Yes / No

If YES, estimate amount $ Frequency: Per Day / Week / Month (circle)

If YES, expected source of deposits: ACH Debits Yes / No

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If YES, estimate amount $ Frequency: Per Day / Week / Month (circle)

Payees: Online Banking Yes / No

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**PART 3**

Types of Products Anticipated

 Checking

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 Savings

 MMF

 CD

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o

 Business Loan

Other

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**PART 4**

Specialized Business Types

Is the member a professional service provider? Yes or No

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Is this account an IOLTA account? Yes or No

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 Internet Gambling Questions Does your company have any games or financial activities on its website? Yes or No Do you provide services to companies who provide internet gambling? Yes or No If legal in your state, provide licensing. Otherwise have company sign certification that it is not engaged in unlawful internet gambling.

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 MSB Questions

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| --- | --- | --- | --- |
| Does your company cash checks over $1000? |  Yes | or |  No |
| Does your company issue cashier’s checks or money orders over $1000? |  Yes | or |  No |
| Does your company exchange currency over $1000? |  Yes | or |  No |
| Do you transmit currency even virtual currency at any dollar amount? |  Yes | or |  No |
| Do you provide prepaid cards? |  Yes | or |  No |

If so you must register as an MSB with fincen.gov

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Excludes: HSA, HRAs, FSAs, closed loop under $2000, cards that are over $1000 but are not reloadable, cards that do not allow international transactions

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Do you sell prepaid cards? Yes or No

If so, provide: Copy of AML Policy, Copy of Registration with FinCEN, Previous Financial Institution Statements.

 Privately Held ATMs (Complete when member has an ATM on premise not owned by a financial institution) Does the business have any private ATM machines located on the premises? Yes or No If so, does your business own or lease from another contractor? We will need:

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* Copy of the ATM agreement with sponsoring entity
* Exact physical location(s) of the ATM(s)
* Copy of state registration (if required by state)
* Copy of three months ATM activity statements
* Description of currency servicing arrangements including how is cash being replenished (store proceeds, armored car, etc)

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Does the ATM dispense virtual currency? Yes or No

##  Casino (Complete for Casinos and Card Clubs)

Is the customer a casino? Yes or No

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If so, please provide: • Copy of AML Policy • Copy of Audit • Previous Bank Statements.

 Nongovernment Organizations (Charities, nonprofit, clubs, civic organizations, campaigns)

What is the purpose of your nonprofit organization?

Where do the donations come from?

How is your organization structured?

Note: some are required to register at secretary of state if so a copy of the state registration

##  Cannabis Related Questions

Is any of your income coming from hemp? (Industry types include: Growth, Production, Testing, Packaging, Retail or Employment, Professional Services) Yes or No If “Yes” circle applicable industry. Approximate Annual Revenue What percentage of your business is directly tied to the hemp business? % What process do you have in place to make sure the hemp business is licensed?

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Is any of your income coming from marijuana? (Industry types include: Growth, Production, Testing, Packaging, Retail or Employment, Professional Services) Yes or No If “Yes” circle applicable industry. Approximate Annual Revenue What percentage of your business is directly tied to the marijuana business? % What process do you have in place to make sure the marijuana business is licensed?

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##  Third Party Payment Processors

Do you process payments for another person or entity? Yes or No

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* If you do, we will need a list of your merchants.
* We will need all the anticipated volume and types of transactions that you will engage in.
* We will need 3 months of your previous bank statements.

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Does your third party payment processor lease space to other processors? Yes or No What is the volume? What types of transactions are processed? Who are your clients? How do you screen a new merchant?

##  Third Party Payment Processors (cont)

What types of instruments are used for payments?

 ACH

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 Remotely created checks

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 Other:

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What geographic regions do you cover?

 In state

o

 In county

o

 In the US

o

o

 International

How many merchants do you process for? Do you rent space on your server to other payment processors? Do you keep returns in a separate account? What percentage of returns do you have?

**PART 5**

Documentation on Structure of the Business

Member will provide domestic documents for business which began in this state. Foreign documentation if from another state. Members who meet CIP documentation exemption are noted on exemption list. Obtain fictitious name when applicable. We may require ID on all signers.

#### Documentary verification:

* + Sole Proprietorship: Government issued document, if required
	+ General Partnership: Partnership agreement (if any), Government issued document.
	+ Limited Liability Partnership: Partnership Registration, Partnership Agreement.
	+ Limited Partnership: Government issued document, Partnership Agreement.
	+ Limited Liability Company: Government issued document, Operating Agreement.
	+ Corporation: Government issued document, Minutes.

#### Nondocumentary verification:

* + Third Party Verification
	+ Secretary of State
	+ Letter of Welcome

Any discrepancy in documentation and secretary of state? Yes or No How is it being resolved?

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**PART 6**

Only Complete for Legal Entities Registered at Secretary of State

*\*See exemptions for documentation on business and exemptions for documentation on owners.*

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

1. Name & Title of Person Opening Account:
2. Name & Type of Legal Entity for Which the Account is Being Opened:
3. Person opening account on behalf of a legal entity must provide the following information unless this is an existing account or a renewal and the information previously obtained is still correct. In the event of an existing member have the person opening the account just sign the last page in Part 6.

### 1.

Name

Date of Birth

o

 Copy of ID obtained

Address (Residential or Business Street Address)

\*Social Security Number

### 2.

Name

Date of Birth

o

 Copy of ID obtained

Address (Residential or Business Street Address)

\*Social Security Number

### 3.

Name

Date of Birth

 Copy of ID obtained

o

Address (Residential or Business Street Address)

\*Social Security Number

### 4.

Name

Date of Birth

 Copy of ID obtained

o

Address (Residential or Business Street Address)

\*Social Security Number

*(If no individual meets this definition, please write “Not Applicable.”) (Nonprofit Corporations do not have 25% owner section, only Part d.)*

*\* If Non US Person use SSN, Passport Number or similar number.*

**PART 6**

Only Complete for Legal Entities Registered at Secretary of State (cont)

1. 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

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Address (Residential or Business Street Address)

Date of Birth

\*Social Security Number

 Copy of ID obtained

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* If Non US Person use SSN, Passport Number or similar number.*

Date of Profile:

OFAC/PEP:

BSA Risk Rating:

3rd Party Verification:

Opened by:

Input by: Reviewed by:

**Exemptions for documentation.**

**Exempt from both CIP and beneficial ownership.**

* A financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator;
* Exempt person. For purposes of this section, an exempt person is:
	1. A bank, to the extent of such bank’s domestic operations;
	2. A department or agency of the United States, of any State, or of any political subdivision of any State;
	3. Any entity established under the laws of the United States, of any State, or of any political subdivision of any State, or under an interstate compact between two or more States, that exercises governmental authority on behalf of the United States or any such State or political subdivision;
	4. Any entity, other than a bank, whose common stock or analogous equity interests are listed on the New York Stock Exchange or the American Stock Exchange or whose common stock or analogous equity interests have been designated as a NASDAQ National Market Security listed on the NASDAQ Stock Market (except stock or interests listed under the separate ‘‘NASDAQ Capital Markets Companies’’ heading), provided that, for purposes of this paragraph (b)(4), a person that is a financial institution, other than a bank, is an exempt person only to the extent of its domestic operations;

**Other exemptions for beneficial owners.**

* (5) Any subsidiary, other than a bank, of any entity described in paragraph (b)(4) of this section (a ‘‘listed entity’’) that is organized under the laws of the United States or of any State and at least 51 percent of whose common stock or analogous equity interest is owned by the listed entity, provided that, for purposes of this paragraph (b)(5), a person that is a financial institution, other than a bank, is an exempt person only to the extent of its domestic operations;
* An issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file reports under section 15(d) of that Act;
* An investment company, as defined in section 3 of the Investment Company Act of 1940, that is registered with the Securities and Exchange Commission under that Act;
* An investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act;
* An exchange or clearing agency, as defined in section 3 of the Securities Exchange Act of 1934, that is registered under section 6 or 17A of that Act;
* Any other entity registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934;
* A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act, that is registered with the Commodity Futures Trading Commission;
* A public accounting firm registered under section 102 of the Sarbanes–Oxley Act;
* A bank holding company, as defined in section 2 of the Bank

Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners’ Loan Act (12 U.S.C 1467a(n));

* A pooled investment vehicle that is operated or advised by a financial institution excluded under paragraph (e)(2) of this section;
* An insurance company that is regulated by a State;
* A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010;
* A foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution;
* A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities; and
* Any legal entity only to the extent that it opens a private banking account subject to §1010.620 of this chapter.

**The Legal entity customers are subject only to the control.**

* A pooled investment vehicle that is operated or advised by a financial institution not excluded under paragraph (e)(2) of this section; and
* Any legal entity that is established as a nonprofit corporation or similar entity and has filed its organizational documents with the appropriate State authority as necessary.

**Activity Exemptions as long as no payments to or receive from third parties.**

* At the point-of-sale to provide credit products, including commercial private label credit cards, solely for the purchase of retail goods and/or services at these retailers, up to a limit of $50,000;
* To finance the purchase of postage and for which payments are remitted directly by the financial institution to the provider of the postage products;
* To finance insurance premiums and for which payments are remitted directly by the financial institution to the insurance provider or broker;
* To finance the purchase or leasing of equipment and

for which payments are remitted directly by the financial institution to the vendor or lessor of this equipment.

**Existing Customers are not exempt from beneficial ownership if the entity is adding a new account**