

The credit union requires anyone opening a new account relationship to provide, at a minimum, the following information to form a “reasonable belief” that the identity of a member is obtained. Included in this list is the information **REQUIRED for ALL NEW account relationships for individuals and non-natural person accountholders.**

The following information is required for all account owners:

<b>Owners Full Name</b>	
<b>Owners Taxpayer Id # (SSN/TIN)</b>	
<b>Owners Date of Birth</b>	
<b>Residential Street Address</b>	
- <b>Street Address Line 2</b>	
- <b>City/State/Zip</b>	
<b>US Citizen</b>	Yes          No
<b>Owners Business Phone #</b>	
<b>Owners Email</b>	

- **The credit union must obtain the TIN prior to opening an account.**
- *If the individual does not have a residential or business street address, an Army Post Office, or Fleet Post Office box number, then the residential or business address of the next of kin or of another contact individual will be required. If the identification presented has an incorrect address, the individual will be required to provide proof of their physical address.*

The following information is required for all business entities:

<b>Business Full Name</b>	
<b>Business SCC Registration No.</b>	
<b>Business Federal EIN No.</b>	
<b>Business Physical Address</b>	
<b>Business Phone No.</b>	
<b>Business Email</b>	

- **The credit union must obtain the EIN prior to opening an account.**

#### **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.

1. What is the structure of your organization?

<input type="checkbox"/> Sole Proprietorship (Skip #2-3)	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Non-Profit
  
2. (Skip if Sole Proprietorship)- Is this a publicly traded company?      Yes              No
  
3. (Skip if Sole Proprietorship)- Is the company at least 51% owned by an entity listed on the New York, American or NASDAQ stock exchange?      Yes              No
  
4. How many individuals, if any, own 25% percent or more of the equity interests in this organization? \_\_\_\_\_
  
5. Is your business headquartered in the United States?      Yes              No
  
6. Are you registered to do business, in the State of Virginia?      Yes              No  
  
What is your State Corporation Commission Entity ID? \_\_\_\_\_
  
7. What type of business is this? \_\_\_\_\_
  
8. Identify what activity you will use this account for. (Select ALL that apply)

<input type="checkbox"/> General Operating Funds	<input type="checkbox"/> Payroll
<input type="checkbox"/> Savings	<input type="checkbox"/> Credit Card Processing
<input type="checkbox"/> Private Banking	<input type="checkbox"/> Private-Label Credit Card Account
<input type="checkbox"/> MSB Activity	<input type="checkbox"/> Lottery
<input type="checkbox"/> IOLTA/IOLA	<input type="checkbox"/> Postage Remittance
<input type="checkbox"/> Equipment Purchase/Lease	<input type="checkbox"/> Insurance Premiums
<input type="checkbox"/> Pooled Investment Vehicle	<input type="checkbox"/> Other - Specify
  
9. (Sole Proprietorships only)- Will your account(s) be used for your personal (i.e., non-business) banking activity?      Yes              No
  
10. (Sole Proprietorships only)- Are you a frequent traveler?      Yes              No
  
11. (Sole Proprietorships only)- Are you a U.S. Citizen?      Yes              No
  
12. (Sole Proprietorships only)- Do you have citizenship with any other country?      Yes              No

13. What types and volume of transactions do you expect for your business account?

Transaction Type	Approximate Activity (Dollar amount/month)	Extra Information
<input type="checkbox"/> Cash Deposits		
<input type="checkbox"/> Cash Withdrawals		
<input type="checkbox"/> Incoming Wire Transfers		Domestic: Yes No International: Yes No
<input type="checkbox"/> Outgoing Wire Transfers		Domestic: Yes No International: PAFCU does not have service.
<input type="checkbox"/> Incoming Electronic Transfers (ACH)		
<input type="checkbox"/> Outgoing Electronic Transfers (ACH)		
<input type="checkbox"/> Check Deposits		Mobile/ Remote Deposit: Yes No
<input type="checkbox"/> Check Withdrawals		
<input type="checkbox"/> Monetary Instrument Purchases		
<input type="checkbox"/> ATM Deposits		
<input type="checkbox"/> ATM Withdrawals		

14. Does your business provide any of the following professional services – acting as an intermediary between clients and the credit union, performing services or arranging for services to be performed on your client’s behalf?      Yes      No

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

15. Does your business involve any of the following Non-Bank Financial Institutions?      Yes      No

- |  |  |
|--|--|
| <input type="checkbox"/> Casinos, Card Clubs, or Gaming Establishments with annual revenues greater than one million dollars | <input type="checkbox"/> Federal, State, Or Local Government Agency carrying out a duty or power of business described in this section |
| <input type="checkbox"/> Insurance   | <input type="checkbox"/> Loan/Finance  |
| <input type="checkbox"/> Securities, Future Commissions, or Commodity Trading  | <input type="checkbox"/> Precious metals, stones, or jewels with purchase of more than \$50,000 per year                               |
| <input type="checkbox"/> Pawn Brokerage  | <input type="checkbox"/> Travel Agency   |
| <input type="checkbox"/> Telegraph Company   | <input type="checkbox"/> Vehicle Sales (Car, Airplane, Boats)  |
| <input type="checkbox"/> Real Estate Closing/Settlement  | <input type="checkbox"/> U.S. Postal Service   |
| <input type="checkbox"/> Credit Card System Operation  | <input type="checkbox"/> NONE LISTED   |

16. Does your business involve any of the following Money Services Businesses (MSB)?

- ☐ Foreign currency exchange in amounts greater than \$1,000 for any one person in any one day
- ☐ Cash checks in amounts greater than \$1,000 for any one person in any one day
- ☐ Issue or sell money orders in amounts greater than \$1,000 to any one person in any one day
- ☐ Transmit money on your customer's behalf electronically from one location to another
- ☐ Administer or exchange virtual currency
- ☐ Provide or sell prepaid access to funds, such as gift cards or other devices used to transfer value
- ☐ None of the above

17. Do you depend, in whole or part, on charitable donations and voluntary services for support (Nongovernmental Organizations or Charities)?      Yes                  No

18. Does any portion of the business income come from Internet Gambling?      Yes                  No

19. Is your business a marijuana-related business?      Yes                  No

20. Does your business offer courier or armored car services to ship currency on your customers' behalf (Bulk Shipments of Currency)?      Yes                  No

21. Will you be processing transactions that benefit a third-party (Third-Party Payment Processors)?      Yes                  No

22. Do you own, operate, or replenish an ATM (Privately-Owned ATM)?      Yes                  No

23. Is your business an embassy, foreign consulate, or foreign mission?      Yes                  No

By signing below, I acknowledge that the information provided on this document is accurate. I also agree, on behalf of the Legal Entity identified above, that the Credit Union will be notified of any changes in such information. **Please print, sign and return to the Credit Union.**

\_\_\_\_\_  
Signature

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Date

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Signature

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Date

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Signature

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Date