

BUSINESS MEMBERSHIP APPLICATION

Instructions and General Information — Please review and complete the following information. Your Business Membership cannot be processed without all required and completed documentation. Incomplete Business Membership Applications will be denied with proceeds refunded after 30 days. Applications may be submitted at an Elements branch or to any of the following. Fax: (317) 276-2105. Mail: Elements Financial, PO Box 7123, Indianapolis, IN 46207-7123. Email: Send a Secure Email at elements.org/ContactUs.

FOR CREDIT UNION USE ONLY

Member Number _____

Date of Application _____

Savings Account # _____

Checking Account # _____

- NEW MEMBERSHIP**
- EXISTING MEMBERSHIP** *(Change in Business Name or Business Entity Type)*

Eligibility Company or Association / Organization _____

Membership Eligibility — All owners must qualify for membership. Owners qualify for membership as an employee, student, retiree, or member of one of the organizations we have partnership with or as a member of the immediate family or household of someone who qualifies. A \$5 minimum Business Premium Money Market Savings must be established to establish membership for the Business.

Business Information

Name of Business		Business Tax ID Number	
DBA Name <i>(If applicable.)</i>	Business Phone Number	Alternate Phone Number	
Physical Address of Business — Street <i>(Cannot be a P.O. Box.)</i>	City	State	Zip
Mailing Address of Business <i>(If different from physical address.)</i>	City	State	Zip
Email Address <i>(Required for online access.)</i>	Website Address	Nature of Business / NAICS if Known	
Security Word <i>(Your Security Word should contain both numbers and letters and be uniquely known by you.)</i>	Security Word Hint <i>(Provide a hint we will use to remind you of your security word when calling Elements.)</i>		

Documents Needed to Open a Business Membership and Credit Union Products

- | | | | | | |
|---|--|--|--|--|--|
| <p>Sole Proprietorship</p> <p><input type="checkbox"/> Assumed Name Certificate
<i>If business name is different than owner's.</i></p> <p><input type="checkbox"/> Signed Resolution</p> | <p>General Partnership</p> <p><input type="checkbox"/> Assumed Name Certificate
<i>If business name is different than partner's.</i></p> <p><input type="checkbox"/> Partnership Agreement (Optional)</p> <p><input type="checkbox"/> Signed Resolution</p> | <p>Corporation</p> <p><input type="checkbox"/> Filed Articles of Organization if corporation in Indiana or Certificate of Authority if corporation in other states</p> <p><input type="checkbox"/> Board Meeting Minutes Documenting Election of Current Officers
<i>Unless one-person Corporation.</i></p> <p><input type="checkbox"/> Signed Resolution</p> | <p>Limited Liability Company</p> <p><input type="checkbox"/> Filed Articles of Organization if LLC in Indiana or Certificate of Authority if LLC in other states</p> <p><input type="checkbox"/> Proof of Ownership</p> <p><input type="checkbox"/> Signed Resolution</p> | <p>Limited Liability Partnership</p> <p><input type="checkbox"/> Partnership Registration</p> <p><input type="checkbox"/> Partnership Agreement</p> <p><input type="checkbox"/> Signed Resolution</p> | <p>Limited Partnership</p> <p><input type="checkbox"/> Filed Certificate of Limited Partnership</p> <p><input type="checkbox"/> Partnership Agreement</p> <p><input type="checkbox"/> Signed Resolution</p> |
|---|--|--|--|--|--|

Business Details

Indicate anticipated monthly transaction amounts. <i>(Check the appropriate box for each row indicating the Estimated \$Amount/Month for your business.)</i>	\$ Amount/Month							
	N/A	\$0-\$1,000	\$1,001-\$3,000	\$3,001-\$5,000	\$5,001-\$10,000	\$10,001-\$20,000	\$20,001-\$50,000	\$50,001+
Cash Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATM/Debit Card Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incoming ACH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing ACH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incoming Wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing Wire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your business classified as any of the following or classified involved in any of the following? *(Indicate Y or N.)*

- Y N
- Internet Gambling
- Money Service Business¹
- Marijuana-Related Business
- Business Entity with Privately-Owned ATMs²

¹ Money Service Business (MSB) is defined by the Financial Crimes Enforcement Network. MSB includes any entity conducting the following listed activities in an amount greater than \$1,000 for any person on any day in one or more transactions. — Dealer in Foreign Currency Exchange, Check Casher, Issuer or Seller of Traveler's Checks or Money Orders, Provider of Prepaid Access, Seller of Prepaid Access, Money Transmitter. Our policies prohibit servicing Accounts that operate as a MSB as defined by the Financial Crimes Enforcement Network, currently defined in 31 CFR 1010.100(f).

² These business entity types are cash intensive and therefore require additional review and cost consideration prior to our sole discretionary approval for membership.

Estimated Annual Sales Revenue

- Less than \$500,000
- \$500,000 – \$999,999
- \$1,000,000 - \$3,000,000
- Greater than \$3,000,000



The following named person(s) is/are authorized to transact business on the Business Account(s) including to sign or endorse any order for payment or withdrawal of funds from these accounts. Each Authorized Signer may act alone in conducting transactions. Authorized Signers are for ALL Products and Services selected.

Authorized Signer 1

Name — First		Middle	Last		Suffix
Email Address			Date of Birth <small>(mm/dd/yyyy)</small>	Social Security Number	
Drivers License State	DL #	DL Exp. Date		Issue a Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone Number		Office Phone Number + Extension			
Current Home Address — Street		City		State	Zip
Security Word <small>(Your Security Word should contain both numbers and letters and be uniquely known by you.)</small>		Security Word Hint <small>(Provide a hint we will use to remind you of your security word when calling Elements.)</small>			
Signature of Authorized Signer 1					
X					

Authorized Signer 2

Name — First		Middle	Last		Suffix
Email Address			Date of Birth <small>(mm/dd/yyyy)</small>	Social Security Number	
Drivers License State	DL #	DL Exp. Date		Issue a Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone Number		Office Phone Number + Extension			
Current Home Address — Street		City		State	Zip
Security Word <small>(Your Security Word should contain both numbers and letters and be uniquely known by you.)</small>		Security Word Hint <small>(Provide a hint we will use to remind you of your security word when calling Elements.)</small>			
Signature of Authorized Signer 2					
X					

Authorized Signer 3

Name — First		Middle	Last		Suffix
Email Address			Date of Birth <small>(mm/dd/yyyy)</small>	Social Security Number	
Drivers License State	DL #	DL Exp. Date		Issue a Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone Number		Office Phone Number + Extension			
Current Home Address — Street		City		State	Zip
Security Word <small>(Your Security Word should contain both numbers and letters and be uniquely known by you.)</small>		Security Word Hint <small>(Provide a hint we will use to remind you of your security word when calling Elements.)</small>			
Signature of Authorized Signer 3					
X					

Business Products and Services

Business Basic Checking Business Standard Checking Business Certificate Business Premium Money Market Savings

Online Banking Access

Online Banking Administrator *(Must be one of the Authorized Signers)*

Authorization

By signing this document, I/We:

- (i) acknowledge receipt of and agree to all terms and conditions in the Account Agreement and all other disclosed terms and conditions of all accounts and services that I/We receive from Elements Financial;
- (ii) authorize Elements Financial to obtain, verify, and record information that identifies the Business, its owners, and each person authorized to transact business on the Business Accounts;
- (iii) certify that the Business Accounts will not be established or used to participate in any Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act;
- (iv) certify that the Business Accounts will not be used to conduct transactions that are consistent with a Money Service Business as defined by FinCEN;
- (v) agree that if the Business Account is used to conduct prohibited transactions (enumerated in iii and iv), I/We will notify Elements Financial thirty days in advance. I/We understand upon receipt of this advance notice Elements Financial will close the Business Account(s);
- (vi) understand Elements Financial reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if activity listed on the Business Details is not generally as described;
- (vii) certify that the Business meets the membership eligibility requirements as defined in this application, and;
- (viii) Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including U.S. resident alien). Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete the appropriate W-8 if you are not a U.S. person or U.S. resident alien. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Authorized Signer Signature with Title *(ex. John Doe, Owner)*

Date

X

Title

The following information for each individual, if any, who, directly or indirectly, through a 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 check "Beneficial Owner Not Applicable" below and skip this section.

Beneficial Owner Not Applicable

Beneficial Owner 1				Same as Authorized Signer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Name — First		Middle		Last		% of Ownership	
Date of Birth <small>(mm/dd/yyyy)</small>				Social Security Number			
Drivers License State		DL #		DL Exp. Date			
Current Home Address — Street			City		State	Zip	
Beneficial Owner 2				Same as Authorized Signer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Name — First		Middle		Last		% of Ownership	
Date of Birth <small>(mm/dd/yyyy)</small>				Social Security Number			
Drivers License State		DL #		DL Exp. Date			
Current Home Address — Street			City		State	Zip	
Beneficial Owner 3				Same as Authorized Signer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Name — First		Middle		Last		% of Ownership	
Date of Birth <small>(mm/dd/yyyy)</small>				Social Security Number			
Drivers License State		DL #		DL Exp. Date			
Current Home Address — Street			City		State	Zip	
Beneficial Owner 4				Same as Authorized Signer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Name — First		Middle		Last		% of Ownership	
Date of Birth <small>(mm/dd/yyyy)</small>				Social Security Number			
Drivers License State		DL #		DL Exp. Date			
Current Home Address — Street			City		State	Zip	

The following information for one individual with significant responsibility for managing the legal entity listed prior must be provided.
For example:

- 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 as a Beneficial Owner may also be listed below.

Same as Beneficial Owner <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
Name — First	Middle	Last		
Date of Birth <small>(mm/dd/yyyy)</small>		Social Security Number		
Drivers License State	DL #	DL Exp. Date		
Current Home Address — Street		City	State	Zip

Certification of Beneficial Owner(s)

The person certifying this form on behalf of a legal entity **must** provide the following information:

I, _____ (name of person signing this form), hereby certify to the best of my knowledge, that the Beneficial Owner information provided above is complete and accurate

Signature _____ Title _____

X _____

Deposit Account Resolution – *Business Deposit Accounts Only*

I, the undersigned President and/or Secretary, hereby certify to Elements Financial Federal Credit Union that _____ (“Business Entity”) is duly organized and in good standing in accordance with all governing laws as a:

- | | |
|--|--|
| <input type="checkbox"/> Corporation / Non-Profit Corporation | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Unincorporated Association / Organization | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Partnership / Limited Partnership | <input type="checkbox"/> Limited Liability Company |

RESOLVED, that Elements Financial Federal Credit Union (“Elements”) is a federally insured credit union with the full authority to accept deposits made at any time by any person, and in any form to the credit of this Business Entity in accordance with written or verbal instructions of the person(s) presenting the funds for deposit or of any document accompanying said deposits, subject to applicable rules and regulation.

FURTHER RESOLVED, the undersigned individuals (“Authorized Signers”) have the authority to individually and collectively transact business on behalf of the Business Entity, including but not limited to: (i) open, close and maintain savings, checking and other accounts including any lines of credit linked to these accounts and/or overdraft protection features; (ii) issue stop payment orders pertaining to any and all instruments from said accounts; (iii) enter into any service agreements, security agreements, and pledge agreements, and; (iv) grant access to other users (“Authorized Users”) to perform transactions referenced herein on said accounts. Such grant of access includes the use of an access device such as online banking services, debit card, or other similar means.

Printed Name (Authorized Signer)	Title
_____	_____
_____	_____
_____	_____

FURTHER RESOLVED, the Board of Directors, owners, members, and/or partners have received a copy of the Account Agreement and Fee Schedule and determined it to be in the best interest of the Business Entity to establish a banking relationship with Elements.

FURTHER RESOLVED, Elements is authorized to rely upon the foregoing resolution until receipt by Elements of written notice of any change or revocation, including but not limited to a restructuring in the ownership or officers of the Business Entity and removal of Authorized Signers. In the event Elements is not notified of such change, the Business Entity shall remain fully liable in accordance with the terms of this resolution and all agreements, disclosures, and terms and conditions applicable to the account(s) of Business Entity.

FURTHER RESOLVED, that a facsimile signature of any or all of the above named signers or the undersigned general partners/owners shall constitute the signature of said person regardless of by whom or by what means the actual or purported facsimile signature may have been affixed, if such facsimile signature resembles the facsimile specimen(s) (if any) filed with Elements by the President and/or Secretary or other officer of the Business Entity.

For Corporation Use Only

The undersigned hereby certifies that he/she is the duly elected and appointed President and/or Secretary of the above named Business Entity duly formed pursuant to state law and that the foregoing is a true record of a resolution duly adopted at a meeting of the Business Entity and that said meeting was held in accordance with state law and the Bylaws of the above-named Business Entity on the _____ day of _____ year _____, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as President and/or Secretary of the above-named Business Entity on the _____ day of _____ year _____.

Signature _____
X _____

For Limited Liability Companies, Partnerships, Organizations /Clubs, and Sole Proprietorships Use Only

The undersigned represents that all general partners/owners have signed below and have the full authority to bind the Business Entity.

Name _____

Name _____

Signature _____

Signature _____

X _____

X _____

Name _____

Name _____

Signature _____

Signature _____

X _____

X _____