



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:

- Check Cashing Establishments, Foreign Currency Exchanges, Third-Party Payment Processors, Foreign Businesses, Pay Day lenders, Virtual currency, and ATM servicing.
- Marijuana Related, Distribution, Manufacture or Dispensary
- Businesses involved in internet gambling
- Non-Governmental Organizations (NGOs)
- Foreign Correspondent Accounts
- Political Action Committee/Political Campaign
- 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)
- Businesses participating in or providing services to federally illegal activities including, but not limited to Pornography

Does your business participate in any of the business types listed above? Yes No

If you answered YES to the above question, Consolidated CCU is not able to open your business account 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:
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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 processing
 IOLTA/IOLA
 Lottery
 MSB Activity
 Other

Other Information

Is the organization an embassy, foreign consulate or foreign mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you administer or exchange virtual currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you act as an intermediary between your clients and the bank, performing services or arranging for services to be performed on our client's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you depend, in whole or in part, on charitable donations and voluntary service for support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be processing transactions that benefit a third-party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or will you have an ATM at any of your business locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Does your business accept any of the following?		
Cash Deposits Cash Withdrawals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 + <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Will your business require domestic incoming / outgoing wires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Will your business require international incoming / outgoing wires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 + Which countries? _____
ACH Credit (Deposits) Will these transfers be received from non-US locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 + Which countries? _____
ACH Debit (Withdrawals) Will these transfer out to non-US locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 + Which countries? _____
Check Deposits Will you be depositing checks remotely using mobile/remote deposit capture?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Check Withdrawals	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Purchase Monetary Instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 + Describe types: (i.e., cashier's check, money orders, etc.) _____
Credit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Will you be cashing checks or doing wires for your customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Will your business be making deposits through an ATM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +
Will your business be making withdrawals through an ATM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select your anticipated monthly volume: <input type="checkbox"/> < \$1,000 <input type="checkbox"/> \$1000-\$3,000 <input type="checkbox"/> \$3,000-\$10,000 <input type="checkbox"/> \$10,000 +

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 Person Opening Account:

Title: _____

b. Name of Legal Entity for which the account is being opened:

c. 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 equity interests of the legal entity listed above: (If no individual meets this definition, 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 ¹

d. 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	Date of Birth	Address	For US Persons: Social Security Number	For Foreign Persons: Passport number & Country of Issuance, or other similar ID number ¹

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 agree to notify CCCU of any changes in such information, as soon as possible and sign a new certification if needed.

Signature _____ Date: _____

¹ In Lieu of a passport number, foreign persons may also provide an alien 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.



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.