BUSINESS ACCOUNT APPLICATION LIST ALL OFFICERS, PARTNERS, OR MEMBERS **BUSINESS DUE DILIGENCE** □New □Update Date WHO ARE YOUR CUSTOMERS? NAME: ☐ Domestic ☐ International ☐ Share Savings ☐ Share Draft/Checking ☐ Term Account Title: _____ Ownership %: □Public □Retailer □Wholesaler ☐ Money Market ☐ Other: NAME:_____ ☐ Manufacturer ☐ Online Retailer IMPORTANT INFORMATION ABOUT Title: _____Ownership %:_____ WHO ARE YOUR VENDORS/SUPPLIERS? PROCEDURES FOR OPENING AN ACCOUNT □ Domestic □ International To help the government fight the funding of terrorism and money NAME:_____ laundering activities, federal law requires all financial institutions □Retailer □Wholesaler to obtain, verify, and record information that identifies each per-Title: _____Ownership %:___ son or business that opens an account. What this means for ☐ Manufacturer ☐ Online Retailer you: When you open an account, we will ask for your name, address, and date of birth, if applicable, and other information that **OPENING DEPOSIT** ACCOUNT SIGNER INFORMATION will allow us to identify you. We may also ask to see your driver's ☐ Owner Contribution NAMF: license or other identifying documents. ☐ Investor Funds **BUSINESS LEGAL NAME:** SSN/TIN Birth Date ☐Transfer From External Accounts ☐ Earnings/Surplus Physical Street Address **EXPECTED MONTHLY TRANSACTION ACTIVITY** City State Zip □LLC □ CORPORATION Cash Deposits Amount \$ ☐ SOLE PROPRIETORSHIP Phone Number PARTNERSHIP Cash Withdrawals Amount \$ TRECREATION, CLUB, OR SIMILAR NAME: **Check Deposits** Amount \$ _____ EIN/TIN: SSN/TIN Birth Date Checks Issued Amount \$ **BUSINESS ADDRESS:** Physical Street Address **ACH Deposits** Amount \$ State **ACH Debits** Amount \$ _____ OWNERSHIP DATE: Domestic Phone Number Incoming Wires Amount \$ _____ Domestic **ESTABLISHMENT DATE: Outgoing Wires** Amount \$ NAME: NATURE/PURPOSE OF BUSINESS: SSN/TIN Birth Date **ACCOUNT SERVICES NEEDED** □ Debit/ ATM Card **Physical Street Address** ☐ Mobile Account Access State ☐ Online Account Access ☐ Overdraft Protection Phone Number Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of purgery, the undersigned certifies on behalf of the Account owner that:

- (1) The number shown on this form is the Account Owner's correct taxpayer identification number.
- (2) The account owner is not subject to backup withholding because: it is exempt from backup withholding or it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified the Account Owner that it is no longer subject to backup withholding, and
- (3) The Account Owner is a U.S. Citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; and estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

Certification Instructions: Cross out item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Cross out item 3 and complete the appropriate W-8 form if the Account Owner is not a U.S. person.

UNLAWFUL INTERNET GAMBLING AND OTHER ILLEGAL ACTIVITIES

You agree that you are not engaged in unlawful Internet gambling or any other illegal activity. You agree that you will not use any of your accounts, access devices or services for unlawful gambling or other illegal activities. We may terminate your account relationship if you engage in unlawful gambling or other illegal activities.

FOR CREDIT UNION USE ONLY	
Effective Date:	Opened or Updated/Approved By:
Entity Formation Documents Reviewed By:	
Copies Obtained ☐ Corporate Resolution ☐ Partnership Agreement ☐ Bylaws ☐ Fictitious Name Statement ☐ Business License	
Government List(s)	Website Verification
☐Treasury ☐OFAC	Date Verified:
□ Other:	
List Verification Completion Date:	
Ву:	

AUTHORIZATION

On behalf of the Account Owner, the undersigned apply(ies) for membership in Northrop Grumman Federal Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and the additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to this document. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Business Account Application

_ Date
_ Date
_ Date
Date

