



P.O. Box 3003
Los Alamitos, CA 90720-1303

BUSINESS MEMBERSHIP APPLICATION

New Membership Account Changes Change POD Provision

Business Account: (Please select type of business)

Sole Proprietorship Limited Liability Company Unincorporated Association
Limited Partnership Partnership Corporation

Account #: _____

Step 1 — Membership Information

BUSINESS NAME:			
TYPE OF BUSINESS:			
PRINCIPAL BUSINESS ADDRESS:		UNIT:	
CITY:	STATE:	ZIP:	COUNTRY:
MAILING STREET ADDRESS:		UNIT:	
CITY:	STATE:	ZIP:	
BUSINESS PHONE #:	BUSINESS FAX #:		
WEBSITE ADDRESS:			
DATE BUSINESS ESTABLISHED:			

Step 2 — SSN or Tax ID Verification and Certification

Enter TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Instructions to IRS Form W-9.** For other entities, it is my Employer Identification Number (EIN). If I do not have a number, see **How to get a TIN** in "Specific Instructions" Part I.

Note

SS# or TAX ID# _____

Step 3 — Products and Services

Check the box next to the products and services you would like to open.

<input type="checkbox"/> Primary Savings	Initial Deposit \$ _____
<input type="checkbox"/> Business Share Savings	Initial Deposit \$ _____
<input type="checkbox"/> Business Money Market	Initial Deposit \$ _____
<input type="checkbox"/> Business Checking	Initial Deposit \$ _____

Added Service(s):

Debit Card
ATM Card
Checking Overdraft from Savings
Checking Overdraft from Line of Credit

Step 4 — Business Owners / Authorized Signers

Authorized Signer #1: Add Delete

YOUR NAME:		SSN OR TAX I.D. #:	
RESIDENCE STREET ADDRESS:		UNIT:	
CITY:	STATE:	ZIP:	COUNTRY:
MAILING STREET ADDRESS:		UNIT:	
CITY:	STATE:	ZIP:	
DATE OF BIRTH:	HOME PHONE #:	WORK PHONE #:	
E-MAIL ADDRESS:		DRIVER'S LIC. # & STATE (or list other I.D. type and #):	
MOTHER'S MAIDEN NAME:	EMPLOYER NAME:	DATE OF HIRE:	MONTHLY INCOME:



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Authorized Signer #2: [Add] [Delete]

Form for Authorized Signer #2 with fields: YOUR NAME, SSN OR TAX I.D. #, RESIDENCE STREET ADDRESS, UNIT, CITY, STATE, ZIP, COUNTRY, MAILING STREET ADDRESS, DATE OF BIRTH, HOME PHONE#, WORK PHONE#, E-MAIL ADDRESS, DRIVER'S LIC. # & STATE, MOTHER'S MAIDEN NAME, EMPLOYER NAME, DATE OF HIRE, MONTHLY INCOME.

Authorized Signer #3: [Add] [Delete]

Form for Authorized Signer #3 with fields: YOUR NAME, SSN OR TAX I.D. #, RESIDENCE STREET ADDRESS, UNIT, CITY, STATE, ZIP, COUNTRY, MAILING STREET ADDRESS, DATE OF BIRTH, HOME PHONE#, WORK PHONE#, E-MAIL ADDRESS, DRIVER'S LIC. # & STATE, MOTHER'S MAIDEN NAME, EMPLOYER NAME, DATE OF HIRE, MONTHLY INCOME.

Authorized Signer #4: [Add] [Delete]

Form for Authorized Signer #4 with fields: YOUR NAME, SSN OR TAX I.D. #, RESIDENCE STREET ADDRESS, UNIT, CITY, STATE, ZIP, COUNTRY, MAILING STREET ADDRESS, DATE OF BIRTH, HOME PHONE#, WORK PHONE#, E-MAIL ADDRESS, DRIVER'S LIC. # & STATE, MOTHER'S MAIDEN NAME, EMPLOYER NAME, DATE OF HIRE, MONTHLY INCOME.

Step 5 — Certification & Signatures

By signing below, if I am not currently a member, I hereby make application for membership in SOUTHLAND CREDIT UNION. I certify that I am within the Credit Union's field of membership. I agree that you may retain this Signature Card (Membership Application) and any other information you may receive. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement (Terms and Conditions) and Truth-in-Savings Disclosure (PDF) and the Electronic Funds Transfer Agreement and Disclosure and Funds Availability Disclosure (receipt of which is hereby acknowledged and which are incorporated by this reference). I understand and agree that this Signature Card shall only govern the accounts set forth above including the terms set forth on the reverse, if any. General membership provision: I authorize you to obtain and periodically (re)verify employment, credit and checking account information as you deem appropriate from time to time. I understand that this will assist you, for example, in determining my initial and on-going eligibility for my account(s) and/or in connection with making credit opportunities available to me. I certify that I am within the Credit Union's field of membership.

By signing below, you certify, under the penalties of perjury, 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 a U.S. resident alien).

[] I am subject to backup withholding [] I am exempt from backup withholding

By signing below, the Business Owners/Signors agree to be bound by the terms of this Business Account Application & Agreement and Truth-in-Savings Agreement and the undersigned acknowledge receipt of a copy of the Credit Union's current Business Account Rate and Fee Schedule. All the terms, condition and information contained in this Agreement and any amendments thereto are by this reference incorporated in their entirety to this Agreement. The Business understands that the Credit Union will verify all information given on the Agreement.

By signing below, I agree that the changes on this application amend the previously signed Southland Credit Union membership applications.

Authorized Signature #1 _____ Date _____

Authorized Signature #2 _____ Date _____

Authorized Signature #3 _____ Date _____

Authorized Signature #4 _____ Date _____

BUSINESS MEMBERSHIP APPLICATION

Step 6 — Business Account Required Documentation Check List:

Sole Proprietorship Account

- Copy of filed fictitious name statement.*
- Valid State Issued Driver's License

Limited Liability Company Account

- Copy of filed fictitious name statement.*
- Copy of the operating agreement face page and signature page.
- Copy of filed and recorded articles of organization.

Unincorporated Association Account

- Copy of constitution (or articles of association), bylaws or other charter documents created upon formation.
- Resolution of the governing board or committee to open and transact business on an account and naming authorized signors.
- Copy of filed fictitious name statement.*

Partnership Account

- Copy of filed fictitious name statement.*
- Copy of partnership agreement face page and signature pages.
- General partnership statement of authority.

Corporation Account

- Copy of filed fictitious name statement.*
- Copy of resolution of board of directors naming authorized signors.
- Copy of filed and recorded articles of incorporation.

Limited Partnership Account

- Copy of any filed fictitious name statement.*
- Copy of filed and recorded certificate of Limited Partnership (LP1).
- Certificate of general partner.

DBA

- Copy of any filed fictitious name statement.

*Individual business owners should file a fictitious business name statement (also known as a "DBA" and should be able to provide one to the Credit Union when the business name:

- (1) Does not include the surname of the individual; or
- (2) Is a name that suggests the existence of additional owners.

A name that suggests additional owners is one that includes such words as "Company," "& Company," "& Sons," "& Associates," "Brothers" and the like, but not words that merely describe the business being conducted.

Application Completion Checklist:

1. Print & sign application
2. If funding by electronic transfer, your account will be funded after verification.
If funding by check, make your initial deposit check payable to:
Southland Credit Union
3. Send with clear photocopy of your state issued ID
4. Mail all requested items to:

Southland Credit Union
PO Box 3003
Los Alamitos, CA 90720-1303
Attn: Membership

For Credit Union Use Only	
Verification Date: _____	Verified By: _____
ID Type: _____	ID Place of Issurance: _____
ID Issue Date: _____	ID Expire Date: _____
<input type="checkbox"/> See Account Authorization Form <input type="checkbox"/> Credit Report <input type="checkbox"/> Send Disclosure	
Opened By _____	
Membership Approved By _____	
Chex Systems _____ ATM/Debit Card Limit _____	




Business Review and Risk Assessment Checklist

Section 1

Business Name:	
Account Number:	Date Opened:
Member's Personal Account Number <i>(if applicable)</i> :	

Section 2

Documentation

	Required Documents	
<input type="checkbox"/>	Identification	Copies of appropriate identification for all owner/signers. The Business Owner must have CA identification and the business must reside within our Field of Membership.
<input type="checkbox"/>	Fictitious Business Name Statement	This cannot be less than 30 days old without obtaining an exception prior to opening account.
<input type="checkbox"/>	County Website Printout	Access the appropriate county website and verify the filing of the fictitious name statement. Print a copy of this web page. <ul style="list-style-type: none"> Note: A fictitious Business Name Statement is required for a husband/wife Sole Proprietorship if the husband and wife have different surnames and only one surname is included in the business name. If the business does not use a fictitious business name, check the N/A box.
<input type="checkbox"/>	N/A	
<input type="checkbox"/>	Tax Certification (W-9)	Only needed if the owner does not use their personal social security.

Section 3

Business Information

- Describe the industry from which a majority of revenues is generated. Be Specific.
Unacceptable Answers: "consultant" or "sales"
Acceptable Answers: "Information Systems Consultant" or "Beauty Supply Sales"

- Does the business have a storefront? Yes No

Business Review and Risk Assessment Checklist

Note: If the answer is yes to any of the following questions, do not proceed in opening the account. The business falls into an industry that the credit union has made a risk based decision not to service.

3. At any time will the business be conducting any type of internet gambling resulting in the receiving or transmitting of funds?

Yes No

4. Does the business participate in the sale of marijuana?

Yes No

5. Does the business derive a large portion of revenues from cashing checks for customers?

Yes No

6. Does the business provide wire transfers/remittance services for customers?

Yes No

7. Does the business sell money orders, cash cards, traveler’s checks or provide currency exchange services?

Yes No

Section 4

Business Account Profile

8. Will the member be making regular cash deposits and or withdrawals? Yes No
If yes, estimate total monthly activity:

# of Deposits		Amount of Deposits	
# of Withdrawals		Amount of Withdrawals	

9. What is the business primary source of revenues? (Rental payments, cash purchases, payments for services rendered, etc.)

10. Estimate annual gross revenues of the business:

\$1 - \$250,000		\$250,000 - \$750,000		\$750,000+	
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Business Review and Risk Assessment Checklist

11. Will the member have regular ACH activity? Yes No
 If yes, estimate total monthly activity:

# of Incoming ACH		Amount \$ of Incoming ACH	
# of Outgoing ACH		Amount \$ of Outgoing ACH	

12. Will the member have regular Wire Transfer activity? Yes No
 If yes, estimate total monthly activity:

# of Incoming Wires		Amount \$ of Incoming Wires	
# of Outgoing Wires		Amount \$ of Outgoing Wires	

13. Is there any other pertinent information about the business that should be noted?

14. Is there another individual or entity that owns more than 25% of the business and is not a signer on this account?

Yes No

Is there another individual who has significant responsibility to control or manage the business (i.e., CEO, CFO) who is not a signer on the account?

Yes No

If "Yes" boxes are checked, please identify the individuals and complete the **Certification of Beneficial Ownership**.

Name _____

Phone Number where they may be reached for an interview: _____

Account Opened By: (Please Print)		
By signing below the Manager/Designee acknowledges that they have reviewed and approved the business account file:		
Name of Manager/Designee (Print)	Signature of Manager/Designee	Date