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New Business Account Application

Business Name

DBA, Assumed, or Fictitious Names

Contact Name and Title

Phone Number

Business TIN/ EIN

State Incorporated

Website and Email Address

Business Street Address (Principal Place of Business Operations) (City, State and Zip)

Business Mailing Address (Principal Place of Business Operations) (City, State and Zip)

Expected Annual Income

Percentage of Cash Sales

Ownership Structure of Business: (Initial one)

Sole Proprietorship

Limited Liability Company (LLC)

Limited Partnership

Limited Liability Partnership (LLP)

Corporation

General Partnership

Other / Comment _____



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Expected Activity

1. As a financial institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each time an account is opened.

All of the following questions require answers. Failure to answer all questions, in the detail required, may result in the inability to open the account requested.

Please circle:

1. Is your business affiliated in any way to the growth, use, or distribution of **marijuana or hemp** whether for medical or other purposes, or do/will you perform transactions in any way affiliated with the marijuana industry through this account? Yes
No
2. Are you a third party payment processor? Yes No
3. Does your business participate in internet gambling? Yes No
4. Are you a money services business (MSB)? Yes No
5. Is this an Interest on Lawyer Trust Account (IOLTA)? Yes No
6. Is your organization a Political Action Committee (PAC)? Yes No

Do you or will you do any of the following:

1. Cash checks (i.e. accept a check in exchange for cash?) Yes No
2. Sell, buy, or exchange currency, including virtual currency? Yes No
3. Issue traveler's checks, money orders, or stored value? Yes No
4. Sell or redeem traveler's checks, money orders, or stored card values? Yes No
5. Transmit /offer money transfer services (Western Union, Money Gram, etc.) Yes No



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If you answered “Yes” to any of the five questions above, please explain in detail why you are not considered a Money Service Business:

6. How will you be making deposits?

- ☐ In Person
☐ Mail
☐ Night-Drop
☐ Electronic
☐ Other: _____

7. Transactions Anticipated

	Average amount or Range of deposits (\$)	Frequency (per week or per month)
CASH		
CHECKS		
ACH		
WIRES		

Describe the primary nature of your business:

- Is your business associated with the growth, production, processing, and/or distribution of Marijuana or hemp?
Yes No
- How many employees does this business have (full-time and part-time) _____
- How long has this business been in operation? Years Months _____
- Select your customer base(s):
Local Montana based Multi-state U.S wide International
- What is the intended purpose for this account? _____



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Principals and Authorized Signers:

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. This means when an account is opened, we will ask for the name, address, date of birth, and other information that will allow us to identify the individual. We will ask to see a driver's license or other identifying documents.

Principals and Authorized Signers:

Name (last, first, Middle)

Company Title

_____/_____/_____
Social Security Number

Date of Birth

Place of Birth

US Citizen

Email Address

Primary Contact Number

Occupation

Primary Identification # DL

Issue Date

Expiration Date

Current Street Address

City

State

Zip Code

Name (last, first, Middle)

Company Title

_____/_____/_____
Social Security Number

Date of Birth

Place of Birth

US Citizen

Email Address

Primary Contact Number

Occupation

Primary Identification # DL

Issue Date

Expiration Date



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Current Street Address **City** **State** **Zip Code**
Principals and Authorized Signers:

Name (last, first, Middle)

Company Title

_____/_____/_____
Social Security Number

Date of Birth

Place of Birth

US Citizen

Email Address

Primary Contact Number

Occupation

Primary Identification # DL

Issue Date

Expiration Date

Current Street Address

City

State

Zip Code

Name (last, first, Middle)

Company Title

_____/_____/_____
Social Security Number

Date of Birth

Place of Birth

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Email Address

Primary Contact Number

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Current Street Address

City

State

Zip Code



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CERTIFICATION REGARDING BENEFICIAL OWNERS OF BUSINESS OR ANY LEGAL ENTITY MEMBERS

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 members. 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. **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 member (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 member (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 (i), 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 (i), you must provide the



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identifying information of one individual under section (ii). 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 (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

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

CERTIFICATION OF BENEFICIAL OWNER(S) (REQUIRED)

Persons opening an account on behalf of a legal entity must provide the following information:

- Name of Person Opening Account:* _____
- Name of Legal Entity for Which the Account is Being Opened:* _____
- The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:*

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification

(If no individual meets this definition, please write "Not Applicable.")

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 (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹



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I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

Legal Entity Identifier _____ (Optional)

For Institution Use:

Results of Documentary Verification

Does this person have other account relationships at Rimrock Credit Union Yes No

Must have primary share account to open business account.

_____ Share account #

Members' identity has been verified using the following documentary methods:

Business Verification

Ownership Structure of Business: (Initial one)

These documents are on file at MT Secretary of state's office or government-issued business license.

ACCOUNT TYPE

REQUIRED DOCUMENTS

_____ Sole Proprietorship

Assumed Business Name Registration not more than 5 years old/ Certificates of Trade Name.

_____ Limited Liability Company (LLC)

Articles of Organization

_____ Limited Partnership

Certificate of Limited Partnership

_____ Limited Liability Partnership (LLP)

Limited Liability Partnership Registration

_____ Corporation

Articles of Incorporation, Bylaws

_____ General Partnership

Assumed Business name Registration not more than 5 years old

Other / Comment _____



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Signers Verification

EMPLOYEE INITIALS

Name
Address
Date of Birth
Social Security Number
VALID PRIMARY IDENTIFICATION: _____
VALID SECONDARY IDENTIFICATION: _____
UNABLE TO VERIFY MEMBER'S IDENTITY

Explanation of Resolution of Discrepancies:

Results of Non-Documentary Verification (Business and Signers)

Member's identity has been verified using the following non-documentary methods:

Chex Systems Verified Signers
Chex Systems Business
OFAC Signers
OFAC Business

Source of Initial Deposit

Cash
Personal check
Account Transfer Acct # _____
Other
Wire Transfer
Cashier / Official Check

Beneficial Owner Form Completed (must be completed)

VERIFICATION CONDUCTED BY:

Employee Name
DATE