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PARTNERSHIP ACCOUNT REQUIREMENTS

Thank you for your interest in opening a business account for a partnership with Air Academy Federal Credit Union [AAFCU]. We have prepared the following checklist to assist you in opening your account. Please read this form carefully and provide all of the required information. We may not be able to open the account with incomplete information.

NOTICE: A partnership is a business entity with at least two partners that can be defined in a variety of ways, depending on its purpose. It is important that you understand the complexities of this type of entity, either through prior knowledge or the use of a tax advisor or attorney. AAFCU does not furnish tax, legal, or business advice.

Name of Partnership: \_\_\_\_\_

Business Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Federal law, specifically the Unlawful Internet Gambling Enforcement Act of 2006 and implementing regulations, prohibit business members from receiving deposits or other credits of any kind relating to their operation of an illegal Internet gambling business. Air Academy Federal Credit Union is required to enforce the prohibition.

Does your business place, receive, or otherwise knowingly transmit any bets or wagers by any means? Yes No
If yes, does such activity by your business involve in any way the use of the Internet? Yes No

Is your business a supplier, producer, seller or otherwise a receiver of funds or products that are related in any fashion or form to the Marijuana industry? Yes No

REQUIRED FORMS:

The following is a list of items needed to open a partnership account with AAFCU. We have provided you with the exact name of the form, as well as where these forms can be found.

- Partnership Agreement. Please provide a copy of the partnership agreement or filed partnership agreement with the Colorado Secretary of State. Go to www.sos.state.co.us or call (303)894-2200 for more information. OR We have a general partnership without a written partnership agreement. Please provide proof of the existence of the partnership.
Statement of Trade Name. We need this if your partnership transacts business under a different name other than the true names of all general partners. Go to www.sos.state.co.us or call (303) 894-2200 for more information.
Employer Identification Number you received from the IRS. We need one of the following: An IRS tax ID provisional form, the application for EIN, the EIN registration, TT&L coupon or other source document provided by the IRS. Go to www.irs.gov for more information.
Valid government-issued photo identification and proof of address (if current address is different from government-issued photo identification) for each beneficial owner, an individual with significant responsibility for managing the legal entity and any authorized signer. Copies must be provided for each listed individual.

## CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

### I. 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 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 Non-U.S. 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 (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 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)

Persons opening an account on behalf of a Legal Entity must provide the following information:

a. **Name and Title** of Natural Person opening account:

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b. **Name, Type, and Address** of Legal Entity for which the account is being opened:

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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:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>	% of Ownership
1						
2						
3						
4						

\*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit; etc.):

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**Beneficial Owner Detail:** As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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d. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- 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/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number <sup>1</sup>

<sup>1</sup> In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, 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.

**BENEFICIAL OWNER IDENTITY VERIFICATION:**

<b>Beneficial Owner #1:</b>
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification, if applicable:

<b>Beneficial Owner #2:</b>
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification, if applicable:

<b>Beneficial Owner #3:</b>
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification, if applicable:

<b>Beneficial Owner #4:</b>
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification, if applicable:

<b>Individual with Control:</b>
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification, if applicable:

**BSA Information (Partnership)**

**Account #** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**How much do you typically keep in your** Business accounts \$ \_\_\_\_\_  
Personal accounts \$ \_\_\_\_\_

**Monthly: How many checks will you ...?**

Write for your business # \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ Deposit  
into your business # \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Monthly: How many cash deposits will you make?**

# \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Monthly: How many cash withdrawals will you make?**

# \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Why would your customers pay by cash?** \_\_\_\_\_

**Will you accept Debit/Credit Cards? Yes No**

**Will you send or receive ACH transactions? Yes No If yes, complete the following information:**

Incoming # \_\_\_\_\_ Outgoing # \_\_\_\_\_  
Largest single transaction \$ \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
International Incoming # \_\_\_\_\_ International Outgoing # \_\_\_\_\_  
Largest single transaction \$ \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Will you send or receive Wire Transfers? Yes No**

**If yes, complete the following information:**

Incoming # \_\_\_\_\_ Outgoing # \_\_\_\_\_  
Largest single transaction \$ \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
International Incoming # \_\_\_\_\_ International Outgoing # \_\_\_\_\_  
Largest single transaction \$ \_\_\_\_\_ Largest single transaction \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**Do you own, operate, or service ATM Machines? Yes No If yes, the following information must be provided before opening the account (attach a separate sheet):**

- Source of funds being withdrawn
- Number of ATM machines, sizes, and location of each machine
- Currency delivery arrangement, if applicable

**Purpose of your Corporation (be specific)** \_\_\_\_\_

**Source of Funds for beginning your Corporation** \_\_\_\_\_

**Anticipated annual revenues \$** \_\_\_\_\_

**Who are your targeted customers?** \_\_\_\_\_

**Do you issue or redeem :** Money Orders >\$1000 per person per day? Yes No  
Travelers Cheques >\$1000 per person per day? Yes No  
Stored Value Cards >\$1000 per person per day? Yes No  
**Do you exchange currency for customers >\$1000 per person per day?** Yes No  
**Do you cash checks for your customers >\$1000 per person per day?** Yes No  
**Do you transmit money for your customers?** Yes No

**CERTIFICATE OF EXISTENCE AND AUTHORITY:**

I \_\_\_\_\_ (name of natural person opening account) hereby certify that: 1) the information provided on the Business/Organization Master Membership Application & Agreement and this form is true and accurate, to the best of my knowledge and belief; and 2) the general partner(s) opening the account has/have duly taken all action legally required to open the account in the name of the partnership.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and affirmed, or sworn to, before me by \_\_\_\_\_ (person signing), this \_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year).

\_\_\_\_\_  
Notary Public  
(Notary Seal)

My commission expires: \_\_\_\_\_