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SOLE PROPRIETORSHIP ACCOUNT REQUIREMENTS

Thank you for your interest in opening a business account for a sole proprietorship 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: According to IRS rules, a sole proprietorship may use the business owner's social security number or apply for an EIN. If a trade name is used, the account title must include both the business owner's name and the trade name. It is important you understand the features of a sole proprietorship prior to opening a business account. **AAFCU does not furnish tax, legal, or business advice.**

Name of Sole Proprietorship:

Bu	siness Contact: Name	Phone	Email			
pro	hibit business members from red	ul Internet Gambling Enforcement A eiving deposits or other credits of a Air Academy Federal Credit Union is	ny kind relating to thei	r oper	ation of an	
		therwise knowingly transmit any bets or ss involve in any way the use of the Inte		Yes Yes	No No	
	our business a supplier, producer, s ne Marijuana industry?	eller or otherwise a receiver of funds or	products that are related	l in any Yes		
RE	QUIRED FORMS:					
		ed to open a sole proprietorship acco well as where these forms can be fo		e have	provided you	
	Social Security Number . This number is needed if you choose to use your social security number for your business.					
	Employer Identification Number you received from the IRS . This number is needed only if you choose to obtain an EIN for your sole proprietorship. If using an EIN 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.					
	Statement of Trade Name . We need this only if your sole proprietorship transacts business under a different name (DBA) than the owner's name. Go to www.sos.state.co.us or call (303) 894-2200 for more information.					
		to identification and proof of addition identification) for the sole propided for each listed individual.				

BANK SECRECY ACT INFORMATION

In accordance with the Bank Secrecy Act, the National Credit Union Administration requires us to obtain the following information, as well as receive periodic updates. All names and Social Security Numbers will be checked against standard databases used by American financial institutions.

OWNER OF YOUR SOLE PROPRIETORSHIP:

Please fill in your name and Social Security Number.

Owner's	Name & SSN	
M1		
M2 (spouse only)		
CERTIFICATION		
I hereby certify that I am the owner of the sole prop	prietorship named	
DDODDISTOROUGH ACCOUNT DECUMPEMENTS	I further certify that the informa	ation provided on this SOLE
PROPRIETORSHIP ACCOUNT REQUIREMENTS	is true and accurate, to the best	of my knowledge and belief.
SIGNATURE	PRINTED NAME	
	TITI C	
	TITLE	
STATE OF		
COUNTY OF		
Subscribed and affirmed, or sworn to, before me by		(person signing),
this day of (month), 20	(year).	
M	ly commission expires:	
Notary Public		
(Notary Seal)		

BSA Information (Sole Proprietorship)

Account #	Business Name						
How much do you typically keep in your							
Monthly: How many checks will y Write for your business # Deposit into your business #	Largest single transacti	on \$ Total \$ on \$ Total \$	<u>. </u>				
Monthly: How many cash deposit	s will you make?						
# Largest single transac	tion \$	Total \$					
Monthly: How many cash withdra	wals will you make?						
# Largest single transac	tion \$	Total \$					
Why would your customers pay by	y cash?		<u>.</u>				
Will you accept Debit/Credit Cards? Yes No							
Will you send or receive ACH trans	sactions? Yes No	If yes, complete the fo	llowing information:				
Incoming # Largest single transaction \$ Total \$		Outgoing # Largest single transaction Total \$	\$				
International Incoming # Largest single transaction \$		International Outgoing # _ Largest single transaction					
Total \$		Total \$					
Will you send or receive Wire Trans	nsfers? Yes No If yes	s, complete the following	information:				
Incoming # Largest single transaction \$ Total \$ International Incoming # Largest single transaction \$ Total \$		Outgoing # Largest single transaction Total \$_ International Outgoing #_ Largest single transaction Total \$	\$				
Do you own, operate, or service A opening the account (attach a sep		o If yes, the following inf	ormation must be provided before				
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 s Source of Funds for beginning you Anticipated annual revenues \$ Who are your targeted customers	ur Corporation						
•	Money Orders >\$1000 po		Yes No Yes No				
Do you exchange currency for custom you cash checks for your custom you transmit money for your custom.	Yes No Yes No Yes No Yes No						