

AIR ACADEMY FEDERAL CREDIT UNION

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UNINCORPORATED ORGANIZATION/ASSOCIATION ACCOUNT REQUIREMENTS

Welcome to Air Academy Federal Credit Union and thank you for your interest in opening a business account for an organization or association. 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.

Name of Organization: _____

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**
(only have question asked if "yes" is answered to the first question)

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 an organization account with AAFCU. We have provided you with the exact name of the form, as well as where these forms can be found.

- Colorado Trade Name Registration, or Constitution (or other document establishing the organization), or letter from military unit.**
- Organizations with an existing account will need to provide a letter signed by an elected officer or commander designating all new account signers (on letterhead if military)**
- Employer Identification Number (EIN) you received from the IRS.** An IRS tax ID provisional form, the application for EIN (SS-4), or the EIN registration (SS-4). 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 the officer opening the account and each additional authorized signer. Copies must be provided 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 U.S. financial institutions.

OFFICERS OF YOUR ORGANIZATION:

Please fill in the names and Social Security Numbers of all officers of your organization. Also indicate whether the officer will be a signer on the account. If you have more than 5 officers, please attach a sheet with all of the officers using the format in the table. **Two signers are required to open and maintain an Unincorporated Organization/Association Account.**

Officer's Name & SSN	Account Signer	
President	Yes	No
Vice President	Yes	No
Secretary	Yes	No
Treasurer	Yes	No
Additional Officer's Name & SSN	Account Signer	
Other	Yes	No
Other	Yes	No
Other	Yes	No

GOVERNMENTAL AUTHORITY UNDER WHOSE LAWS THE ENTITY WAS FORMED:

- STATE _____
- OTHER GOVERNMENTAL AUTHORITY _____

BSA Information (Organization/Association)

In an effort to gain an understanding of expected activity and how you plan to use the account, we ask you to provide an estimate of your business account activity. This is not intended to establish limits of your account activity. In addition, it may help us identify unusual transactions. In the event of unusual or suspicious activity, we may contact you to verify if a transaction is valid and/or authorized.

Business Name _____

Specific Purpose of Business _____

Anticipated Annual Revenues _____

Is your Organization a Non-Profit 501(c)(3)? () Yes () No

Do you depend, in whole or in part, on charitable donations and voluntary service for support? () Yes () No

If yes, In what country is your organization chartered? _____

If yes, Do you have donors or volunteers from non-US countries? () Yes () No

If yes, please list from which countries _____

Will your account be used for any of the following? Check all that apply.

- () General Operating Funds () Payroll () Savings () Credit Card Processing () Lottery
- () Private Banking () Private Label Credit Cards () Postage Remittance () Pooled Investments
- () Equipment Purchases/Leases () Issuing Insurance () Pooled Investment Vehicle
- () Other (please describe)

Approximately how much cash do you expect to deposit each month? Please select one.

- () \$0 to \$1,000 () \$1,000 to \$3,000 () \$3,000 to \$5,000 () \$5,000 to \$10,000
- () \$10,000 to \$20,000 () \$20,000 to \$50,000 () \$50,000 to \$100,000 () \$100,000 or more

Approximately how much cash do you expect to withdraw each month? Please select one.

- () \$0 to \$1,000 () \$1,000 to \$3,000 () \$3,000 to \$5,000 () \$5,000 to \$10,000
- () \$10,000 to \$20,000 () \$20,000 to \$50,000 () \$50,000 to \$100,000 () \$100,000 or more

Approximately how much in outgoing wires do you expect to send each month? Please select one.

- () \$0 to \$1,000 () \$1,000 to \$3,000 () \$3,000 to \$5,000 () \$5,000 to \$10,000
- () \$10,000 to \$20,000 () \$20,000 to \$50,000 () \$50,000 to \$100,000 () \$100,000 or more

Will you wire funds to non-US locations? () Yes () No

If yes, To which countries do you expect wires to be sent? _____

Approximately how much in incoming wires do you expect to receive each month? Please select one.

- () \$0 to \$1,000 () \$1,000 to \$3,000 () \$3,000 to \$5,000 () \$5,000 to \$10,000
- () \$10,000 to \$20,000 () \$20,000 to \$50,000 () \$50,000 to \$100,000 () \$100,000 or more

Will you receive funds from non-US locations via wire? () Yes () No

If yes, From which countries do you expect wires to be sent from? _____

How much in total check deposits do you anticipate to complete each month? Please select one.

- () \$0 to \$1,000 () \$1,000 to \$3,000 () \$3,000 to \$5,000 () \$5,000 to \$10,000
() \$10,000 to \$20,000 () \$20,000 to \$50,000 () \$50,000 to \$100,000 () \$100,000 or more

How much in total check withdrawals do you anticipate to complete each month? Please select one.

- () \$0 to \$1,000 () \$1,000 to \$3,000 () \$3,000 to \$5,000 () \$5,000 to \$10,000
() \$10,000 to \$20,000 () \$20,000 to \$50,000 () \$50,000 to \$100,000 () \$100,000 or more

Do you issue or redeem any of the following:

- Prepaid and/or Refillable Cards? () Yes () No
Do you cash checks for your customers >\$1,000 per person per day? () Yes () No
Do you transmit money for your customers? () Yes () No
Do you anticipate purchasing and/or exchanging virtual cryptocurrency? () Yes () No

CERTIFICATE OF EXISTENCE AND AUTHORITY:

I 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 governing body of the organization opening the account has duly taken all action legally required to open the account in the name of the organization.

SIGNATURE _____

PRINTED NAME _____

TITLE _____

DATE _____