2525 Green Bay Rd, North Chicago, IL 60064
(847)578-7000 or (800) 982-7850
www.glcu.org

Membership/Account Agreement – Business Member

Account # _____ Today's Date: _____

Business Information:

Business Name: _____ Social Security/Tax ID #_____

Address: _____

City, State, Zip Code: _____

Phone: _____ Cell Phone: _____

Type of Business: _____ # Years in Business: _____ # of Employees: _____

Eligibility:

- ☐ I am employed by, retired from or a member of one of the GLCU sponsor organizations.
- ☐ I live or work at an address that qualifies for GLCU membership.
- ☐ I am a relative of an existing GLCU member. Please list name & address or GLCU # _____

Business Type:

- ☐ Sole Proprietorship
- ☐ Partnership
  - ☐ General or Informal Partnership
  - ☐ Limited Partnership
  - ☐ Limited Liability Partnership
- ☐ Limited Liability Company
- ☐ Not-for-profit Organization
- ☐ Corporation

Taxpayer Identification Number (TIN) Certification:

____ By initialing, I certify, under penalty of perjury, that: (1) the social security number or employer identification number shown on this form is the Business' correct taxpayer identification number and (2) the Business is not subject to backup withholding because (a) the Business is exempt from backup withholding, or (b) the Business has not been notified by the Internal Revenue Service (IRS) that the Business is subject to backup withholding as a result of failure to report all interest or dividends, or (C) the Business has been notified by the IRS that the Business is no longer subject to backup withholding; and (3) he/she is a U.S. Person (including a U.S. resident alien). CAUTION: if you are subject to Backup Withholding, please strike out the language in item (2) above. **I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid a backup withholding.**

Terms & Conditions of Deposit Agreement:

____ By initialing, the Business Owners/Signers understand that there are rules and regulations that Great Lakes Credit Union and I/we must follow. I/we understand my/our rights and obligations as Great Lakes Credit Union's depositor, agree to be bound by the rules and regulations and have received the Business Account Disclosure/Agreement and Fee Schedule. I/we the Business owners/signers certify on behalf of the business that the business does not engage in an Internet gambling business and I/we understand that Great Lakes Credit Union may verify all information given on this application/account agreement.

Revocable Proxy:

____ By initialing, I do hereby appoint the Board of Directors of Great Lakes Credit Union who are the qualified and acting directors at the time this proxy is used., as proxies to vote for the election of directors, proposals for mergers or voluntary dissolutions, the share(s) of GLCU now or hereafter owned or held by me, as the said directors of a majority of them see fit, at all annual or special meetings of the members of GLCU hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is canceled by me. I deny the proxy provision and opt to vote my shares at Annuals and Special Meetings of Shareholders. I understand that the proxy appointment is voluntary and not a condition of membership and may be revoked at my request.

Corporate Resolution:

RESOLVED THAT: I/we are authorized to (a) enter into this Deposit Agreement on, (b) draw checks on this account, and (c) execute any document including, but not limited to, facsimile signature authorization agreements, wire transfer agreements and automated clearinghouse agreements, and take any action on behalf of this organization to carry out the terms of these authorization and the terms of the documents described therein. Great Lakes Credit Union is authorized to honor and pay all checks signed as provided herein, including those drawn to the order of any officer or other authorized signer on the account.

I Certify that: this is a copy of the resolution adopted by the board of the _____ on the ____ day of _____ in the year _____; the signatures appearing in the signature section below are those persons authorized to withdraw funds in accordance with this resolution until such authority is revoked by giving written notice to the Credit Union signed by authorized officers of this organization; this resolution is still in force.

Secretary of Corporation: _____ Date: _____

Owner/Authorized Signer Personal Information:

Great Lakes Credit Union may obtain credit reports or other information about the owner(s)/principal(s)/authorized signer(s). By signing this Business Membership/Account Agreement, I/we have full authority and legal capacity to open, close and/or maintain these accounts. I/we (the Authorized Signer(s) bind the organization to the provisions, terms and conditions hereof and of the Great Lakes Credit Union Buesiness Deposit Account Agreement, Fee and Rate Schedule and other separate disclosures. I/we can originate wire transfers, or make telephone or computer transfers, regardless of the number of signatures required to pay a check or make a withdrawal. I/we certify that the information reported in the TIN Certification section is correct.

Name 1: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Primary Identification: _____

SSN#: _____ Birth Date: _____ Mother's Maiden Name: _____

Signature: _____ Title: _____

Name 2: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Primary Identification: _____

SSN#: _____ Birth Date: _____ Mother's Maiden Name: _____

Signature: _____ Title: _____

Name 3: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Primary Identification: _____

SSN#: _____ Birth Date: _____ Mother's Maiden Name: _____

Signature: _____ Title: _____

Documentation Required:

All Business Accounts will need the following *REQUIRED* documentation:

- ☐ Completed Business Membership/Account Agreement
- ☐ Appropriate identification for all signers
- ☐ 60 days of previous bank statements **for the business** (if new business, 60 days of personal bank statements)
- ☐ IRS letter confirming Federal Employer Tax ID Number (EIN); if applicable, IL Dept. of Revenue letter confirming IL Business Tax Number (IBT Number).
- ☐ Certification of Beneficial Ownership(s) form

Documentation Required:

Based on Business Entity please provide the following *REQUIRED* documentation (<u>In addition to the REQUIRED items listed above):</u>

<u>Sole Proprietorship:</u>

- ☐ **IF using DBA –** Proof of publication of the Fictitious Name Statement or Assumed Name Certificate
- ☐ Verification of Address for the business must be completed by verifying the address of the owner.

<u>General Partnership:</u>

- ☐ Partnership Agreement, if it exists
- ☐ **IF using DBA –** Proof of publication of the Fictitious Name Statement or Assumed Name Certificate
- ☐ Completed Corporate Resolution (If no Partnership Agreement exists)

<u>Limited Partnership/Limited Liability Partnership:</u>

- ☐ Certificate of Existence/Certificate of Good Standing from Secretary of State **(If just applied for, then Cert. of Limited Partnership form is acceptable until Certificate of Existence is obtained – see below).**
- ☐ Certificate of Limited Partnership Form LP 201 (recorded with IL Secretary of State) **If Partnership just applied for Certificate of Existence.**
- ☐ Partnership Agreement
- ☐ Completed Corporate Resolution

Limited Liability Company:

- ☐ Articles of Organization ("AO"). **Note: If LC3, Low Profit LLC or LLC Series, make sure the AO confirms this.**
- ☐ Certificate of Good Standing (from Secretary of State web site).
- ☐ Annual Report
- ☐ Completed Corporate Resolution
- ☐ Operating Agreement **(If business purpose is not clearly stated and specific in the OA, note account with specific purpose – i.e., what does the business do)**

<u>Corporation:</u>

- ☐ Articles of Incorporation ("AOI") **If business purpose is not clearly stated and specific in the AOI, note account with specific purpose – i.e., what does the business do)**
- ☐ Certificate of Good Standing (from Secretary of State web site). **If business is NOT FOR PROFIT, Certificate of Good Standing must state Not-For-Profit in the Type of Corp field.**
- ☐ Business License (if profession that requires a license – check the Illinois Department of Professional Regulation (IDPR) website for professions that need to be licensed.
- ☐ Completed Corporate Resolution