Business Account
Enhanced Due Diligence Questionnaire

This questionnaire is designed to help the Credit Union identify the needs of our members and to understand the type, size, and frequency of transactions. Some transactions carry a higher degree of risk, which requires enhanced due diligence. We appreciate your cooperation. Please answer all questions in their entirety. Failure to respond may result in the suspension of accounts and services.

Business Information

Registered Business Name

Account Number

Type of Business (check all that apply)

☐ Corporation ☐ Corporate Non-Profit ☐ Limited Liability Company ☐ Limited Liability Partnership

☐ Professional Corporation ☐ Partnership ☐ Single-Member LLC ☐ Sole Proprietor

☐ Unregistered Non-Profit

Fictitious or DBA Name (if any)

Form Completed by

Contact Number

Number of Employees (Full and Part Time)

Where do you conduct most of your business? (i.e., MD, DC, VA, Globally, Online...)

List the State(s) Where the Business is Registered:

Is your business headquartered in the US? ☐ Yes ☐ No

Is your business a publicly traded company? ☐ Yes ☐ No

Is the company traded publicly on the New York, American or NASDAQ stock exchange? ☐ Yes ☐ No

Industry: (i.e., food/beverages, car sales, legal services, consulting, real estate, transportation...) and provide a brief description of the business

Business Location Type: (i.e., home office, store front, office bldg., office suite...)

How Long Have You Been in Business?

Where Else Did/Do You Hold an Account for this Business? If the account was closed, what was the reason?

Is the business owned by or affiliated with any other businesses, groups, or government agencies? If yes, list and explain:

Is the Business Seasonal? ☐ Yes ☐ No (If yes, please indicate busy season)

Provide your Organizations Website Address and Social Media Platform Handle(s)

Main Purpose of this Account. Check All that Apply:

☐ Payroll ☐ General Operating ☐ Expense

☐ Business Loan/Line of Credit ☐ Savings Only ☐ Other: _____

Transaction Information

Please Select All Activities that Apply to Your Business:

☐ Money Services Business (MSB) activities (i.e., check cashing, sale/issuance of money orders, travelers checks, gift cards, wires or the transmission of funds, dealings in foreign exchange)

☐ Finance/Lending ☐ Lottery Ticket Sales ☐ Use of a Courier or Armored Car Service

☐ Deal in Virtual Currencies ☐ Import from or Export to Any Foreign Countries ☐ Cash Intensive Business

☐ Hold Client Funds (i.e., Escrow, Investments...) ☐ Vehicle Sales ☐ Safe Deposit Box Rental

☐ Marijuana or Related Services ☐ Act as a Third-Party Payment Processor ☐ None of the Above

☐ Internet Gambling ☐ Privately Owned ATM (ATM on Premises)

Expected Transaction Types (ACH, checks, cash, wire, check card...) Check all that apply:

☐ Automated Clearing House (ACH) Electronic Debit/Credit ☐ Purchase of Monetary Instruments ☐ Cash - Currency (Paper/Coin)

☐ Wires - Domestic (within U.S.) ☐ Checks/Drafts ☐ Merchant Services Transactions

☐ Wires - International ☐ Check Card ☐ Other Electronic Transactions (Square/Cash App, Venmo, PayPal, Apple Pay, Google Pay, Zelle...)

Expected Number of Transactions (ACH, checks, cash, wire, check card...) per month:

Deposits # _____ Withdrawals # _____

Expected Electronic Transactions (Cash App, Venmo, PayPal, Apple Pay, Google Pay, Zelle...)

☐ $0-$1,000 ☐ $1,000-$3,000 ☐ $3,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 and above

☐ One-time ☐ Multiple times/month ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

Purpose and Relationship to Sender/Receiver

Expected Cash Deposits (i.e., currency, tangible paper, dollars/coins)

☐ $0-$1,000 ☐ $1,000-$3,000 ☐ $3,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 and above

☐ One-time ☐ Multiple times/month ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

Source and Purpose for Deposits

Expected Cash Withdrawals (i.e., currency, tangible paper, dollars/coins)

☐ $0-$1,000 ☐ $1,000-$3,000 ☐ $3,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 and above

☐ One-time ☐ Multiple times/month ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

Purpose of Withdrawals

Expected International Wires ☐ Incoming ☐ Outgoing ☐ Both ☐ None

☐ $0-$1,000 ☐ $1,000-$3,000 ☐ $3,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 and above

☐ One-time ☐ Multiple times/month ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

a. Source/Purpose?

b. To/From Which Countries Do you Anticipate Sending or Receiving Wires?

c. What Is Your Relationship To Sender and/or Receiver?

Expected Domestic Wires ☐ Incoming ☐ Outgoing ☐ Both ☐ None

☐ $0-$1,000 ☐ $1,000-$3,000 ☐ $3,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 and above

☐ One-time ☐ Multiple times/month ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

a. Source/Purpose?

b. What Is Your Relationship To Sender and/or Receiver?

How many miles is the business from one of the NASA Federal Credit Union branch offices located in MD, DC, or VA? Select the appropriate range:

☐ 1-10 miles ☐ 11-25 miles ☐ 26-50 miles ☐ Over 50 miles

ADDITIONAL INFORMATION AND COMMENTS

By signing below, I certify that the information provided above is true and correct, and I understand that the Credit Union may require additional due diligence regarding this account or others, as the activity or transactions change.

Signature

Date

Certification of Beneficial Ownership

I. General Instructions

Account Number _____

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. This form must also be completed from time-to-time as part of our on-going due diligence and account monitoring responsibilities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business or trust entity created by the filing of a document with the secretary of state or any similar office in the United States.

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) **Beneficial Owner** – 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) **Controlling Person** – An individual with significant responsibility for managing the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

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.

II. Certification Of Beneficial Owner(s)

Persons opening or maintaining a business account relationship on behalf of a legal entity must provide the following information:

A. Name and Title of Individual Opening or Maintaining the Business Account Relationship

B. Name of Business for Which the Account is Being Opened or Maintained

C. Please provide 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. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip this section.

☐ Beneficial Owner Not Applicable ☐ Another Legal Entity Owns 25% or More of the Business Above

Beneficial Owner 1 Information: _____% of ownership

Name | Date of Birth (*MM/DD/YY*)

Residential Street Address | Address Line 2

City | State | Zip/Postal Code | Country

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.*

Beneficial Owner 2 Information: _____% of ownership

Name | Date of Birth (*MM/DD/YY*)

Residential Street Address | Address Line 2

City | State | Zip/Postal Code | Country

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.*

Beneficial Owner 3 Information: _____% of ownership

Name			Date of Birth (*MM/DD/YY*)
Residential Street Address		Address Line 2	
City	State	Zip/Postal Code	Country
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.*	

Beneficial Owner 4 Information: _____% of ownership

Name			Date of Birth (*MM/DD/YY*)
Residential Street Address		Address Line 2	
City	State	Zip/Postal Code	Country
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.*	

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).

Individual with Control Information

Name			Date of Birth (*MM/DD/YY*)
Residential Street Address		Address Line 2	
City	State	Zip/Postal Code	Country
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.*	

I, _____,
(print name of natural person opening account)

hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify the Credit Union of any changes in beneficial ownership or to certify beneficial ownership as requested from time to time. Furthermore, I certify that the business (reporting company) has reported information about the individuals who ultimately own or control it to the Financial Crimes Enforcement Network (FinCEN), a bureau of the U.S. Department of Treasury. And I give my consent for the NASA Federal Credit Union to access the information filed with FinCEN unless and until this consent is revoked in writing and sent to e-financialcrimes@nasafcu.com.

Signature	Date (*MM/DD/YY*)

For Additional Information reference the "Notice to Customers: Beneficial Ownership Information Reference Guide."

*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.