HERITAGE HUB FEDERAL CREDIT UNION

BUSINESS MEMBERSHIP INTAKE FORM

2645 Winrock Blvd, Houston, TX 77057 | Federally Insured by NCUA | Equal Opportunity Lender

BEFORE YOU BEGIN

Please complete every section. Sections marked with an asterisk (*) are required for federal compliance. Your application cannot be processed without them.

Documents to attach:

- IRS EIN assignment letter (CP 575) or W-9
- Formation documents (Articles of Incorporation/Organization, Partnership Agreement, or DBA filing)
- Government-issued photo ID for each beneficial owner and the control person
- Authorizing resolution or operating agreement identifying signers (if not in formation docs)

SECTION 1 BUSINESS INFORMATION *

LEGAL BUSINESS NAME

DBA / TRADE NAME (IF ANY)

FEDERAL TAX ID (EIN)

DATE ESTABLISHED (MM/YYYY)

STATE OF FORMATION

ENTITY TYPE *

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Multi-Member LLC ☐ Partnership

☐ S-Corporation ☐ C-Corporation ☐ Non-Profit (501(c)) ☐ Other: _____

PHYSICAL ADDRESS (NO P.O. BOX)

SUITE

CITY

STATE

ZIP

MAILING ADDRESS (IF DIFFERENT)

SUITE

BUSINESS PHONE

BUSINESS EMAIL

WEBSITE (IF ANY)

NAICS CODE (IF KNOWN)

PRIMARY BUSINESS PURPOSE / NATURE OF BUSINESS *

SECTION 2 ANTICIPATED ACCOUNT ACTIVITY *

NOTE *This information is required by the Bank Secrecy Act (31 CFR Chapter X) to assess risk and is held in strict confidence.*

ESTIMATED MONTHLY DEPOSITS ($)

ESTIMATED MONTHLY WITHDRAWALS ($)

AVG. NUMBER OF TRANSACTIONS PER MONTH

TYPICAL LARGEST SINGLE TRANSACTION ($)

WILL THE BUSINESS CONDUCT ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

- ☐ Cash deposits over $10,000 in a month
- ☐ International wire transfers
- ☐ ATM/ITM cash deposits
- ☐ Remote deposit capture
- ☐ Merchant card processing
- ☐ None of the above

SOURCE OF INITIAL DEPOSIT *

- ☐ Business operations
- ☐ Owner contribution
- ☐ Loan proceeds
- ☐ Investor funding
- ☐ Other: _____

SECTION 3 BENEFICIAL OWNERS & CONTROL PERSON *

NOTE *Federal regulation (31 CFR § 1010.230) requires identification of every individual who owns 25% or more of the entity, and one individual with significant managerial control. List all qualifying owners (up to four). For sole proprietors, complete one block as both owner and control person.*

BENEFICIAL OWNER 1

FULL LEGAL NAME

TITLE / POSITION

DATE OF BIRTH (MM/DD/YYYY)

SSN / ITIN

OWNERSHIP %

RESIDENTIAL ADDRESS (NO P.O. BOX)

APT

CITY

STATE

ZIP

PHONE

EMAIL

ID TYPE (DL, PASSPORT, ETC.)

ID NUMBER

ISSUING STATE / COUNTRY

EXPIRATION DATE

BENEFICIAL OWNER 2

FULL LEGAL NAME

TITLE / POSITION

DATE OF BIRTH (MM/DD/YYYY) | SSN / ITIN | OWNERSHIP %

RESIDENTIAL ADDRESS (NO P.O. BOX) | APT

CITY | STATE | ZIP

PHONE | EMAIL

ID TYPE (DL, PASSPORT, ETC.) | ID NUMBER | ISSUING STATE / COUNTRY | EXPIRATION DATE

BENEFICIAL OWNER 3

FULL LEGAL NAME | TITLE / POSITION

DATE OF BIRTH (MM/DD/YYYY) | SSN / ITIN | OWNERSHIP %

RESIDENTIAL ADDRESS (NO P.O. BOX) | APT

CITY | STATE | ZIP

PHONE | EMAIL

ID TYPE (DL, PASSPORT, ETC.) | ID NUMBER | ISSUING STATE / COUNTRY | EXPIRATION DATE

BENEFICIAL OWNER 4

FULL LEGAL NAME | TITLE / POSITION

DATE OF BIRTH (MM/DD/YYYY) | SSN / ITIN | OWNERSHIP %

RESIDENTIAL ADDRESS (NO P.O. BOX) | APT

CITY | STATE | ZIP

PHONE | EMAIL

ID TYPE (DL, PASSPORT, ETC.) | ID NUMBER | ISSUING STATE / COUNTRY | EXPIRATION DATE

SECTION 4 CONTROL PERSON *

The individual with significant responsibility to manage or direct the entity (e.g., CEO, Managing Member, Treasurer).

☐ Same as Beneficial Owner # _____ (skip the rest of this block)

FULL LEGAL NAME | TITLE / POSITION

DATE OF BIRTH (MM/DD/YYYY) | SSN / ITIN

RESIDENTIAL ADDRESS | APT

CITY | STATE | ZIP

PHONE | EMAIL

ID TYPE | ID NUMBER | ISSUING STATE / COUNTRY | EXPIRATION DATE

SECTION 5 AUTHORIZED SIGNERS

NOTE *List individuals authorized to transact on the account. Each signer must be a Credit Union member or eligible to become one. Attach an authorizing resolution if signers are not identified in the entity's formation documents.*

AUTHORIZED SIGNER 1

FULL LEGAL NAME | TITLE | PHONE

DATE OF BIRTH | SSN / ITIN | EMAIL

SPECIMEN SIGNATURE

AUTHORIZED SIGNER 2

FULL LEGAL NAME | TITLE | PHONE

DATE OF BIRTH | SSN / ITIN | EMAIL

SPECIMEN SIGNATURE

AUTHORIZED SIGNER 3

FULL LEGAL NAME | TITLE | PHONE

DATE OF BIRTH | SSN / ITIN | EMAIL

SPECIMEN SIGNATURE

SECTION 6 MEMBERSHIP ELIGIBILITY *

How does the business qualify for membership in Heritage Hub Federal Credit Union? (Check the primary basis.)

- ☐ Located in HHFCU's geographic field of membership
- ☐ Owner(s) live, work, worship, attend school, or volunteer in the field of membership
- ☐ Affiliated with a Select Employer Group (SEG): _____
- ☐ Immediate family/household member of an existing member: _____
- ☐ Other (explain): _____

SECTION 7 ACCOUNT SELECTION *

Select the account(s) to be opened today.

- ☐ **Business Share Savings** *(required to establish membership; $5 minimum par value)*
- ☐ **Business Share Draft (Checking)**
- ☐ **Business Money Market (Savings)**
- ☐ **Business Certificate of Deposit (CD)** Term: _____ months Amount: $ _____
- ☐ **Other:** _____

INITIAL DEPOSITS

MEMBERSHIP FEE (PAR VALUE) | INITIAL SAVINGS DEPOSIT | INITIAL CHECKING DEPOSIT | INITIAL CD / MM DEPOSIT

SECTION 8 BENEFICIARY DESIGNATION (PAYABLE ON DEATH)

NOTE *Optional. Beneficiary designations apply to accounts permitting POD designation. Total share percentages must equal 100%.*

BENEFICIARY 1

FULL LEGAL NAME | RELATIONSHIP | SHARE %

DATE OF BIRTH | SSN (OPTIONAL BUT RECOMMENDED) | PHONE

BENEFICIARY 2

FULL LEGAL NAME | RELATIONSHIP | SHARE %

DATE OF BIRTH | SSN (OPTIONAL BUT RECOMMENDED) | PHONE

SECTION 9 REQUIRED DISCLOSURES, CONSENTS & SIGNATURE *

USA PATRIOT ACT NOTICE

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person and entity that opens an account. We will ask for the legal name, address, date of birth (for individuals), tax identification number, and other identifying information, and we may ask to see identifying documents.

CERTIFICATION OF BENEFICIAL OWNERSHIP

I certify, to the best of my knowledge, that the information provided in Section 3 (Beneficial Owners) and Section 4 (Control Person) is complete and correct. I will notify Heritage Hub Federal Credit Union of any change in beneficial ownership or control within 30 days of the change.

CONSENT TO VERIFY INFORMATION

I authorize Heritage Hub Federal Credit Union to verify the information in this application, including obtaining consumer and business credit reports on the entity, beneficial owners, control person, and authorized signers, and to share information with affiliates and service providers as permitted by law (15 U.S.C. § 1681 and the Credit Union's Privacy Notice).

ELECTRONIC COMMUNICATIONS CONSENT (E-SIGN)

☐ I consent to receive disclosures, statements, and notices electronically per the federal E-SIGN Act.
I may withdraw consent at any time by contacting the Credit Union.

AGREEMENT

On behalf of the business named above, I hereby apply for membership in Heritage Hub Federal Credit Union. I have read and agree to be bound by the Credit Union's bylaws, Membership and Account Agreement, Truth-in-Savings disclosures, Funds Availability Policy, Privacy Notice, and Fee Schedule, all as amended from time to time. I certify that all information provided in this application is true, complete, and correct to the best of my knowledge, and that the individual signing below is duly authorized to bind the business.

AUTHORIZED SIGNER NAME (PRINTED) | TITLE | DATE

AUTHORIZED SIGNATURE

FOR CREDIT UNION USE ONLY

MEMBER NUMBER ASSIGNED	CIP VERIFICATION METHOD	OFAC SCREENED (Y/N)
BSA RISK RATING	**MLA CHECK (Y/N/N-A)**	**ELIGIBILITY CONFIRMED BY**
MSR / OPENER NAME	**DATE OPENED**	**APPROVING OFFICER**

NOTES / EXCEPTIONS: