



*Eaton Family*  
**CREDIT UNION, INC.**

**Certification of Beneficial Owner(s)**

Please provide the following requested information. All information is required unless otherwise noted and must be completed by a person with the intent to open an account or apply for credit. Additional information may be requested base upon responses provided.

1. Business Full Legal Name: \_\_\_\_\_

2. Principal Business Address: \_\_\_\_\_  
\_\_\_\_\_

3. Type of Business (Check One)

- Sole Proprietorship       Corporation       Partnership  
 Not-for-Profit Corporation       LLC       LLP

4. Purpose of Business: \_\_\_\_\_

5. Years in Business: \_\_\_\_\_

**Individual Information**

**Certification from Natural Authorized Person (NAP)**

Natural Authorized Person is an individual who is authorized to represent the business and is the person opening this account.

**Control Person:** Control Person is an individual with significant responsibility to control, manage or direct the business. Examples include: CEO, CFO, COO, General Partner, President, Vice President or Treasurer.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Percent ownership: \_\_\_\_\_ % Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

**See page 3 for additional Beneficial Owners**

## Business Due Diligence

Describe your USA market area and customer base. Check all that apply.

- Local county residents                       Statewide residents  
 Multi-county residents                       Multi-state residents  
 International customers regardless of citizenship. If checked, please describe your primary target market. \_\_\_\_\_

What types of state business licenses do you hold? \_\_\_\_\_

Will you be doing any of the following activities at your business? Yes \_\_\_\_\_ No \_\_\_\_\_

- Check Cashing                                       Money Transmissions  
 Selling or Redeeming Travelers Checks or Money Orders

What types of banking services do you expect to use at our credit union monthly?

- |   |        |                   |
|---|--------|-------------------|
| <input type="checkbox"/> Currency deposits or Withdrawals               | Number | Average Amount \$ |
| <input type="checkbox"/> Check Deposits                                 | Number | Average Amount \$ |
| <input type="checkbox"/> US Currency Exchanges                          | Number | Average Amount \$ |
| <input type="checkbox"/> Domestic Wire Transfers                        | Number | Average Amount \$ |
| <input type="checkbox"/> International Wire Transfers                   | Number | Average Amount \$ |
| <input type="checkbox"/> Receipt of ACH Transactions                    | Number | Average Amount \$ |
| <input type="checkbox"/> Origination of ACH Transactions                | Number | Average Amount \$ |
| <input type="checkbox"/> Internet Banking Services                      | Number | Average Amount \$ |
| <input type="checkbox"/> Safe Deposit Box Access                        | Number | Average Amount \$ |
| <input type="checkbox"/> Purchase of Money Orders or<br>Official Checks | Number | Average Amount \$ |
| <input type="checkbox"/> Please describe other services not listed.     | _____  |                   |

### Additional Beneficial Owner(s)

Please provide the following information for an individual, if any, who, directly or indirectly, through any contact arrangement, Understanding, relationship, or otherwise owns 25% or more of the equity interests of the business.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Percent ownership: \_\_\_\_\_%

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_%

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_%