

Note: For fastest processing, please review and follow all instructions. Your Business Membership WILL NOT be opened without ALL required and completed documentation. Incomplete Business Membership Applications will be declined after 15 days.

Membership Eligibility

- For business membership eligibility, all Primary Owner(s) of the Business must have an existing Navy Federal Membership. The existing Navy Federal Membership Access Number(s) must be provided in the Business Membership Application.
- A \$5 (minimum) Business Membership Savings Account must be opened to establish Navy Federal Business Membership in the name of the Legal Business Entity.
- Navy Federal requires a minimum of \$100 to establish a new Business Membership. This deposit may be transferred from an owner's existing Navy Federal account, deposited by cash or check, or processed through card-based funding.
- This minimum deposit requirement will be transferred (along with the \$5 membership share purchase deposit) to the Business Membership Savings Account upon approval of the Business Membership Application.
- All Navy Federal accounts (personal or business) held by Primary Owner(s) must be in good standing (with Navy Federal) to open a Business Membership.
- Primary Owner titles may include (but are not limited to): Owner, Manager, Director, Partner, Member, Principal, President, CEO, or Corporate Officer.

How to Establish Membership

- **Branch:** Visit a local branch to open your account.
- **Online:** Visit the Business Membership Page on Navy Federal Online (sdu.navyfederal.org/bus) and access the link for the Secured Document Upload (SDU) to submit the Business Membership Application and required business entity documentation.

Required Business Entity Documentation

- Page 1 of the Business Membership Application contains the listing of required business entity documentation for each business.
- Navy Federal recognizes that various U.S. States, Counties, and/or Local Municipalities may have variations specific to the titles of specific Business Entity documentation. These documents will be acceptable if found to be reasonably comparable to Navy Federal's documentation requirements.
- For Partnerships, please provide the complete Partnership Agreement.
- A Certificate of Good Standing is required for all LLCs or Corporations who have been in existence for greater than 12 months.
- Please ensure all signatures are provided and appropriate documentation is included.

Authorized Signers

- Authorized Signers are allowed access to all Business Checking and Savings accounts.
- The business owners are automatically included as Authorized Signers. Only the business owner(s) are allowed to add or remove signers from business accounts.
- As with primary owners, ALL personal accounts of Authorized Signers (if any) must be in good standing. If not, the Authorized Signer will not be added.
- Authorized Signers do not need to be in Navy Federal's Field of Membership.

PLEASE NOTE: Navy Federal limits the membership of Non-Profit entities to those that provide a direct benefit or support to the U.S. Military (Active Duty or former Active Duty). Non-Profits established for any other purpose are not eligible for Business Membership at Navy Federal.

Navy Federal reserves the right to refuse membership to business entities classified as "High-Risk" in accordance with the Bank Secrecy Act (BSA). This may include, but is not limited to:

- financial, investment, or credit service providers (including money services businesses and tax preparation services)
- IP infringement, regulated, or illegal products (internet gambling providers, marijuana-related services, and online tobacco or pharmacies)
- unfair, predatory, or deceptive practices
- other high-risk products or services (travel agencies or other travel-related services, membership clubs, and multi-level marketing programs)

PLEASE NOTE: Navy Federal periodically scans all business members and associated accounts. If prohibited high-risk deposit or unsatisfactory account handling transactions are detected, the credit union will review the account for immediate account restriction and/or closure.

Navy Federal® Business Services Membership Application

Navy Federal reserves the right to request additional identification.

Misplace your EIN? Go to www.IRS.gov and search "Misplace Your EIN" or call 800.829.4933.

For Office Use Only

Business Access No.

Business Information <i>Please include appropriate proof of existence of your Business when mailing or bring it in with you when opening account at branch.</i>			
Name of Business		Business Tax ID No.	
DBA Name (If applicable)	Business Phone No.	Alternate Phone No.	
Physical Address of Business: Street <i>(Cannot be a post office box)</i>	City	State	Zip Code
Mailing Address of Business: Street <i>(If different from above address)</i>	City	State	Zip Code
List All Additional Locations of Business: Street <i>(If any)</i>	City	State	Zip Code
Email Address (Required for online access)	Website Address	Date Business Established (MM/DD/YY)	

Type of Business <i>Legal Structure of the Business. Additional documentation may be required.</i>				
Legal Structure of Business <i>(all parts of this section are required)</i>				
Sole Proprietorship <input type="checkbox"/> IRS EIN Letter (if applicable) AND <input type="checkbox"/> Valid Business License Business Permit OR <input type="checkbox"/> Valid Assumed Name, Doing Business As or Fictitious Name Certificate	Partnership* <input type="checkbox"/> Partnership Agreement (OR Limited Partnership Agreement) <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Beneficial Owner Form If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	Corporation <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Corporate Bylaws <input type="checkbox"/> Beneficial Owner Form If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	Single-Member Limited Liability Company (LLC) <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter (If applicable) <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Beneficial Owner Form If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	Multi-Member Liability Company (LLC) <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> IRS EIN Letter (If applicable) <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Beneficial Owner Form If Doing Business As (DBA) <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)
*Applies to Limited Partnership (LP), Limited Liability Partnership (LLP), and Professional Limited Liability Partnership (PLLP)			501(c)(3) Non-Profit Organization (U.S. Military Support Organization) Other _____	

NOTE: Navy Federal Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities who conduct transactions involving internet gambling and/or money services businesses. Refer to the Disclosure and Agreement on the last page of this Membership Application for examples of these types of restricted entities/transactions.

Business Details <i>Required information. Entire section must be completed or account may be restricted.</i>	
Is your Business any of the following? (Check all that apply.)	
<input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Money Services Business (MSB) <input type="checkbox"/> Legal Service Provider <input type="checkbox"/> Real Estate <input type="checkbox"/> Privately Owned ATM	<input type="checkbox"/> Food Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Liquor Store <input type="checkbox"/> Convenience Store <input type="checkbox"/> Vending Machine Operator
<input type="checkbox"/> Retail <input type="checkbox"/> Consulting <input type="checkbox"/> Construction <input type="checkbox"/> Administrative Services <input type="checkbox"/> Charity or Non-Governmental Organization (NGO)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking Garage <input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Internet Gambling <input type="checkbox"/> Other _____
Describe the nature of your Business (Actual goods sold or service(s) provided)	
NAICS code _____	
Estimated annual sales/revenue <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$3,000,000 <input type="checkbox"/> Greater than \$3,000,000	
Anticipated monthly transaction amount	
<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Checks \$ _____ <input type="checkbox"/> ACH Domestic \$ _____ <input type="checkbox"/> ACH Foreign \$ _____ <input type="checkbox"/> Wire Domestic \$ _____ <input type="checkbox"/> Wire Foreign \$ _____ <input type="checkbox"/> Debit/Credit Cards \$ _____	
Business' primary trade area (Check all that apply.)	Do you have accounts for this Business with an institution other than Navy Federal?
<input type="checkbox"/> Local Community <input type="checkbox"/> Statewide <input type="checkbox"/> Domestic U.S. <input type="checkbox"/> International	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____
Purpose/type of transactions for which your Navy Federal account will be used:	Is the internet a major source of revenue for your Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Operating/General Purpose <input type="checkbox"/> Escrow Management <input type="checkbox"/> Savings/Investment	How many employees do you have? _____

Business Products and Services <i>Please indicate the account(s) you are interested in establishing. Please note that fees may apply to the Basic, Plus, and Premium checking accounts. Refer to the Business Services Schedule of Fees and Charges for more information.</i>		
<input type="checkbox"/> Membership Savings Account*	<input type="checkbox"/> Basic Checking (owner and 1 signer allowed)	<input type="checkbox"/> Premium Checking (unlimited signers)**
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Plus Checking (unlimited signers)**	<input type="checkbox"/> Money Market Savings Account

*A Membership Savings Account (with minimum deposit of \$5) is **required** for all Partnerships, LLCs, and Corporations.

**Monthly fees apply.



Funding Requirement for New Business Memberships

Deposit Amount (\$100 for Sole Proprietorships, \$105 for all other entities)	Deposit Source (check one) <input type="checkbox"/> Cash/Check <input type="checkbox"/> Internal Account Transfer <input type="checkbox"/> Debit or Credit Card (phone)
Name of Owner (Of the account where the deposit is being transferred from)	Navy Federal Account Number (Where deposit is being transferred from)

Owner 1				
Name: First	MI	Last	Suffix	Access No.*
Date of Birth (MM/DD/YY)	Social Security No.	Percentage of Ownership	%	Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License or Government ID No. or State ID No.	Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ID No.	State			

Owner 2				
Name: First	MI	Last	Suffix	Access No.*
Date of Birth (MM/DD/YY)	Social Security No.	Percentage of Ownership	%	Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License or Government ID No. or State ID No.	Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ID No.	State			

Owner 3				
Name: First	MI	Last	Suffix	Access No.*
Date of Birth (MM/DD/YY)	Social Security No.	Percentage of Ownership	%	Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License or Government ID No. or State ID No.	Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ID No.	State			

Owner 4				
Name: First	MI	Last	Suffix	Access No.*
Date of Birth (MM/DD/YY)	Social Security No.	Percentage of Ownership	%	Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License or Government ID No. or State ID No.	Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ID No.	State			

*Navy Federal membership is required as a condition of applying for Business Membership.

In addition to the Business Owner, the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by Navy Federal to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. A Business Owner is the only individual entitled to add and delete Authorized Signers. (Check the appropriate box to indicate if the Authorized Signer is also a current member.)

Authorized Signer 1					
Signer: First		MI	Last		Suffix
Social Security No.	Current Member <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Access No.		Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID No. or State ID No. ID No. State		Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Extension	

Authorized Signer 2					
Signer: First		MI	Last		Suffix
Social Security No.	Current Member <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Access No.		Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID No. or State ID No. ID No. State		Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Extension	

Authorized Signer 3					
Signer: First		MI	Last		Suffix
Social Security No.	Current Member <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Access No.		Issue Business Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (MM/DD/YY)	Driver's License or Government ID No. or State ID No. ID No. State		Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone No.	Mobile Phone No.	Office Phone No.		Extension	

(If not a current member, copy of valid Government-issued ID required.)

Disclosure and Agreement

I (We) understand that this Agreement is not valid without my (our) signature(s). The words “we,” “our,” or “your” refer to either the Business Owner or the business entity. I understand that Navy Federal requires a \$100 minimum new business membership deposit. I (We) confirm that I (we) have received and agree with the Business Disclosure Packet. I (We) certify that I (we) do not participate in any Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG. I (We) further agree that such transactions are prohibited from being processed through the Navy Federal business account or any relationship with Navy Federal. I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Casher, Issuer of Traveler’s Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler’s Checks, Seller or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and U.S. Postal Service. I (We) further understand that Navy Federal reserves the right to deny or restrict any high-risk deposit entities conducting internet gambling or MSB transactions, and Navy Federal may block or otherwise prevent such transactions and may close our business account and end the financial relationship if such transactions are detected. I (We) also understand that if I (we) should decide to expand our business entity to include any of these prohibited transactions, I (we) will notify Navy Federal in advance of such change. Membership at Navy Federal comes with certain ongoing responsibilities. By signing

this document, I (we) agree to abide by the properly disclosed terms and conditions of all business accounts and services that I (we) may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I (We) agree to accept communications from Navy Federal, including account statements, at the mailing address I (we) have provided in the “Business Information” section of this application, unless I (we) instruct Navy Federal otherwise in writing. I (We) also agree to notify Navy Federal of any change to this address. To help 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 who opens an account. *What this means for you:* When you open an account, we will ask you for your name(s), address(es), date(s) of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license(s) or other identifying documents. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Navy Federal reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in Business Details.

By signing below, I (we) agree that I (we) have received all disclosures contained in this Account Application Packet. I (We) also certify that I (we) do not participate in any Internet Gambling Services or MSB transactions.

Note: All signatures must be hand-signed with wet ink.

Owner 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 3 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 4 Signature ▶	Printed Name	Date (MM/DD/YY)

Authorized Signer 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 3 Signature ▶	Printed Name	Date (MM/DD/YY)

Corporation or Limited Liability Company Information

Please complete company name, date, and sign below.

Company Name	
Resolved, that the funds of Company are hereby authorized to be paid into the account(s) identified on the Account Application delivered to Navy Federal by the Company, and Navy Federal is hereby authorized to pay withdrawals signed in the name of the Company by any person whose signature appears as an Authorized Signer. Navy Federal further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Company, which shall be executed in the name of the Company by any of the signatories. Navy Federal is authorized to supply any endorsement for the Company and any signatory on any check or other instrument tendered for said account(s), it is hereby relieved of any liability in connection with the collection of such items that are handled by Navy Federal without negligence, and it shall not be liable for the acts of its agents, subagents, or others or	for any casualty. Withdrawals may not be made on account of such items until collected, any amount not collected may be charged back to said account(s), including expenses incurred, and any other outside expenses relative to said account(s) may be charged to the Company. The Authorized Signatories are identified on this Account Application. I certify that I am the duly elected, qualified, and acting Secretary or Managing Member as the case may be of the above named Company, that the foregoing is a true and correct copy of a resolution adopted by the Company at a regular or duly called special meeting at which a quorum was present, that said resolution is recorded in its minutes, that the Company is authorized to take such action, and that the signatures contained in this document are the true signatures of the persons authorized to sign as indicated in connection with said account(s).
This _____ day of _____, 20____	Signature of One Primary Owner ▶