

Number



Business Non-Member Record

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

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 or business that opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PERSONAL INFORMATION

| | | | | | |
|--------------------------|--|----------------------------|--------------------------|--------------------|--|
| PREFIX | | NAME | | SUFFIX | |
| MOTHER'S MAIDEN NAME | | | BIRTH DATE | | |
| TYPE OF IDENTIFICATION | | IDENTIFICATION NUMBER | | PLACE OF ISSUANCE | |
| COUNTRY OF ISSUANCE | | ISSUE DATE (IF APPLICABLE) | | EXPIRATION DATE | |
| RESIDENCE ADDRESS LINE 1 | | | RESIDENCE ADDRESS LINE 2 | | |
| RESIDENCE CITY | | RESIDENCE STATE | | RESIDENCE ZIP CODE | |
| RESIDENCE COUNTRY | | EMPLOYER | | OCCUPATION | |
| HOME PHONE | | CELL PHONE | | BUSINESS PHONE | |
| HOME E-MAIL ADDRESS | | | WORK E-MAIL ADDRESS | | |

TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING

| | | | |
|--|--------------------|---|------------------------|
| TAXPAYER IDENTIFICATION NUMBER | CERTIFICATION DATE | CIP EXTERNAL VERIFICATION (INTERNAL USE ONLY) | RESIDENT TAX COUNTRY |
| ARE YOU A NON-RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | COUNTRY OF CITIZENSHIP |

Under penalties of perjury, you certify that:

- (1) The number shown on this form is your correct taxpayer identification number;
- (2) You are not subject to backup withholding either because: (a) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as result of a failure to report all interest or dividends, or (b) the IRS has notified you that you are no longer subject to backup withholding, and
- (3) You are a U.S. person (including U.S. resident alien).
- (4) The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.

Certification Instructions. Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends and the IRS has not notified you that you are no longer subject to backup withholding. Checking the box serves to strike out the language related to underreporting.

We are unable to open an account for you without a taxpayer identification number.

SIGNATURE

Credit Union Name:

You understand and agree that you are not applying for membership in DFCU Financial. You acknowledge receipt of and agree to the terms of the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested. You agree to abide by the Credit Union's Bylaws, rules, and regulations, as amended from time to time. You also agree to promptly notify the Credit Union in writing of any changes to the information contained on this document. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

SIGNATURE

DATE

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____

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