

NAICS Code: _____

FSR # _____

BUSINESS MEMBER QUESTIONNAIRE

Thank you for opening your account with Workers Credit Union. Please take a few minutes to complete the following questionnaire. The answers you provide will allow us to anticipate the types of activity and transactions you may perform so that we may best meet your banking needs.

Name of Business: _____

Account #: _____

Are you in the business of, or do you provide any of the following services? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> travel agency | <input type="checkbox"/> casino |
| <input type="checkbox"/> car dealer (new OR used) | <input type="checkbox"/> boat dealer |
| <input type="checkbox"/> airplane dealer | <input type="checkbox"/> jewel, gem or precious metal dealer |
| <input type="checkbox"/> import/export company | <input type="checkbox"/> deposit broker |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> convenience store |
| <input type="checkbox"/> virtual currency dealer / trader (Bitcoin, etc.) | <input type="checkbox"/> auctioneer |
| <input type="checkbox"/> pawn broker | <input type="checkbox"/> check casher |
| <input type="checkbox"/> funds transmitter | <input type="checkbox"/> currency dealer/trader |
| <input type="checkbox"/> liquor store | <input type="checkbox"/> cigarette distributor |
| <input type="checkbox"/> privately owned ATM owner | <input type="checkbox"/> vending machine operator |
| <input type="checkbox"/> seller of money orders, travelers checks, or stored value cards | <input type="checkbox"/> charity |
| <input type="checkbox"/> professional service provider (lawyer, accountant, investment broker) | <input type="checkbox"/> Internet gambling payment processing |
| <input type="checkbox"/> 3 rd party payment processor | <input type="checkbox"/> Marijuana Related Business* |
| <input type="checkbox"/> other (please describe nature of your business below): | <input type="checkbox"/> seller of CBD Oil* |

Do you have more than one business location? No Yes

If yes, list locations: _____

Are you publicly traded? No Yes If yes, on what exchange? _____

Do you transact business internationally? No Yes If "Yes", what countries? _____

Does your business conduct transactions related to unlawful Internet Gambling? No Yes

Please indicate which of the following services you anticipate your business may conduct or require:

<u>Service</u>	<u>Average \$ Amount</u>	<u>Frequency (daily, weekly, biweekly)</u>
<input type="checkbox"/> Cash Deposits	_____	_____
<input type="checkbox"/> Cash Withdrawals	_____	_____
<input type="checkbox"/> Wire Transfers (Domestic)	_____	_____
<input type="checkbox"/> Wire Transfers (International)	_____	_____
<input type="checkbox"/> ACH	_____	_____
<input type="checkbox"/> Internet Banking / Bill Pay	_____	_____
<input type="checkbox"/> Check Services Only		

Federal law prohibits the conduct of any transactions related to unlawful Internet gambling. Workers Credit Union has also decided to not bank marijuana related businesses at this time. By signing this document, I hereby certify that neither I, nor my business, have any involvement in conducting or processing unlawful Internet gambling transactions or have a marijuana related business. If at a future date my business begins processing Internet gambling transactions or payments or becomes a marijuana related business, I understand I must notify Workers Credit Union.

Signature of Business Principal

Date

*FOR INTERNAL USE ONLY - please refer to the MRB Procedure located in the BSA Manual before proceeding