



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Membership Application

General Information	
Business Name/Legal Entity: _____	
Business Member Number: _____	Business Tax ID: _____
Physical Address: _____	Business Phone: _____
City: _____ State: _____ Zip: _____	Eligibility: _____
Mailing Address: _____	
City: _____ State: _____ Zip: _____	

Business Information	
Entity Type: _____	Annual Sales: _____
Description of Business Operations: _____	Business Primary Function: _____
Account Purpose: _____	Number of Employees: _____
Length of Time in Business: _____	Business Membership Savings Number: _____

Certification of Beneficial Owners	
The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns equity interests of the legal entity listed above:	
Owner #1 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
Owner #2 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
Owner #3 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
Owner #4 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
Owner #5 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
Owner #6 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
Owner #7 Name: _____ Title: _____	
Date of Birth: _____	% Ownership: _____ SSN: _____
Address: _____	City: _____ State: _____ Zip: _____

Certification of Beneficial Owners continued

Owner #8 Name: _____ **Title:** _____

Date of Birth: _____ **% Ownership:** _____ **SSN:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Control Person

The following information is for one individual with significant responsibility for managing the legal entity listed above:

Name: _____ **Date of Birth:** _____ **SSN:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Certifications and Agreements

Income Tax Withholding Certification:
 Under penalties of perjury, by the signature(s) below, I/we certify that:

- 1) The number shown on this form is the account owner's correct taxpayer identification number
- 2) The account owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding
- 3) The account owner has been organized in the U.S. or is a U.S. person (including a U.S. resident alien)
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Exemptions

Exempt payee code (if any): Exempt from FACTA reporting code (if any):

Certification Instructions:
 You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

USA PATRIOT ACT:
 To help our government fight the funding of terrorism and stop 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 for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Business Tax ID or Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

I, _____, an individual acting on behalf of and with the authority from the Business referenced above, apply for the above account at ESL Federal Credit Union (ESL) and agree to be bound by the rules applying to the Disclosure Terms and the by-laws of ESL, both as amended from time to time. A copy of the Disclosure Terms and by-laws have been furnished to me.

I, _____, hereby certify, to the best of my knowledge, that the information provided in the Certification of Beneficial Owner(s) section above is complete and correct.

Business Owner / Officer / Account Signer #1 Name: _____

Title: _____ **SSN:** _____ **Date of Birth:** _____

ID Type: _____ **ID Number:** _____ **Expiration Date:** _____

Signature: _____ **Date:** _____

Account Signer #2 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #3 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #4 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #5 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #6 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #7 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Account Signer #8 Name: _____

Title: _____ SSN: _____ Date of Birth: _____

ID Type: _____ ID Number: _____ Expiration Date: _____

Signature: _____ Date: _____