



PARTNERSHIP ACCOUNT REQUIREMENTS

Thank you for your interest in opening a business account for a partnership with Denver Community Federal Credit Union [DCFCU]. We have prepared the following checklist to assist you in opening your account. Please read this form carefully and provide all of the required information. We may not be able to open the account with incomplete information.

ADVICE: A partnership is a business entity with at least two partners that can be defined in a variety of ways, depending on its purpose. It is important that you understand the complexities of this type of entity, either through prior knowledge or the use of a tax advisor or attorney. **DCFCU does not furnish tax, legal, or business advice.** Please indicate what type of consultant you have contacted concerning business entity formation for your partnership:

- I have consulted with a tax advisor attorney other _____.
- I have not consulted with a tax advisor, attorney or other business advisor.

REQUIRED FORMS:

The following is a list of items needed to open a partnership account with DCFCU. We have provided you with the exact name of the form, as well as where these forms can be found.

- Partnership Documentation.** Please provide this if you have completed a partnership agreement or filed a partnership agreement with the Colorado Secretary of State. Go to www.sos.state.co.us or call (303)894-2200 for more information.
OR We have a general partnership without a written partnership agreement.
- Statement of Trade Name.** We need this if your partnership transacts business under a different name other than the true names of all general partners. Go to www.sos.state.co.us or call (303) 894-2200 for more information.
- Employer Identification Number you received from the IRS.** Go to www.irs.gov for more information.
- Valid, government-issued picture identification for each member and additional authorized signer.**

INFORMATION ON YOUR PARTNERSHIP

We request the following information to help us assist you with opening your account.

TYPE OF PARTNERSHIP:

Please mark whether the partnership you have established is general or limited and then indicate the type of partnership you have (for example, Limited Partnership: Domestic limited liability limited partnership.)

General Partnership

Limited Partnership

BANK SECRECY ACT INFORMATION

In accordance with the Bank Secrecy Act, the National Credit Union Administration requires us to obtain the following information, as well as receive periodic updates. All names and Social Security Numbers will be checked against standard databases used by American financial institutions.

YOUR PARTNERS:

Please fill in the names and Social Security Numbers of the general partner(s) of your partnership. Also indicate whether the partner will be a signer on the account.

General Partner Name & SSN	Account Signer	
GP1	Yes	No
GP2	Yes	No
GP3	Yes	No

Please fill in the names and Social Security Numbers of the limited partner(s) of your partnership. Also indicate whether the partner will be a signer on the account.

Limited Partner Name & SSN	Account Signer	
LP1	Yes	No
LP2	Yes	No
LP3	Yes	No

ADDITIONAL AUTHORIZED SIGNERS FOR YOUR PARTNERSHIP:

If a person not listed above as a partner will be an additional authorized signer on the account, please fill in the additional authorized signer's name and Social Security Number.

Name of Additional Authorized Signer & SSN
AS1
AS2

PURPOSE OF YOUR PARTNERSHIP (be specific):

SOURCE OF FUNDS FOR BEGINNING YOUR PARTNERSHIP:

ANTICIPATED ANNUAL REVENUES: \$ _____.

CERTIFICATION:

I certify that I am a member of the Partnership named _____, which is organized under the laws of the State of _____. I further certify that the information provided on this PARTNERSHIP ACCOUNT REQUIREMENTS is true and accurate, to the best of my knowledge and belief.

SIGNATURE _____

PRINTED NAME _____

TITLE _____

HOME ADDRESS _____

TELEPHONE _____

