

Credit Union of Georgia conducts additional due diligence on all of its business accountholders as a continuous method to ensure the safety and soundness of your funds. Any significant change in your account activity can be recognized as an alert to review your account for Identity Theft, Fraud, etc. Please take the time to complete this form accurately and to the best of your knowledge.

BUSINESS INFORMATION

Business Account Number(s):	Full Legal/Business Name:
Mailing Address (No PO Box):	Industry:

BUSINESS PROFILE (Check all that apply)

Type of Business:	<input type="checkbox"/> Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> Foundation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Schools
<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Money Transmitters Business
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Check Cashing Business
	<input type="checkbox"/> Other: _____
Business Account: Is any percentage of your gross revenue derived from:	
Money service business (money orders, traveler's checks, check cashing, currency dealing or exchange, or the business provides money transfer services in any amount)?	
<input type="checkbox"/> Yes, _____%	
<input type="checkbox"/> No	
Internet gambling	
<input type="checkbox"/> Yes, _____%	
<input type="checkbox"/> No	

DUE DILIGENCE QUESTIONS (Check the appropriate box).

1. Which branches do you intend to use to conduct your business?

<input type="checkbox"/> Call Center/eBranch	<input type="checkbox"/> KSU
<input type="checkbox"/> Towne Lake	<input type="checkbox"/> Canton
<input type="checkbox"/> Marietta	<input type="checkbox"/> South Cobb ATM only
<input type="checkbox"/> Paulding	

2. Describe your market area and customer data base:

- | | |
|---|--|
| <input type="checkbox"/> Local County Resident | <input type="checkbox"/> Local Statewide Residents |
| <input type="checkbox"/> Multi-state Area Residents | <input type="checkbox"/> International Customers* |

*If International Customers is checked, please describe your target market area and customer groups to whom you market your services:

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3. What are the expected **MONTHLY** transactions in each of the following categories?

<u>Transactions</u>	<u>Number</u>	<u>Average Dollar Amount</u>
Cash Deposits		
Cash Withdrawals		
Check Deposits		
Check Withdrawals (including online bill pay)		
US Currency Exchanges		
International Currency Exchanges		
Domestic Wire Services		
International Wire Services		
ACH Debits		
ACH Credits		
Monetary Instruments purchased (cashier's checks, money orders)		
Monetary Instruments Deposited (cashier's checks, money orders, travelers checks)		
Internet banking service		
ATMs		
Non-deposit investment transactions		

Please describe other services not listed here:

Business Accountholder Completing the Questionnaire:

Print Name _____

Date _____

Business Representative Signature _____

For Office Use Only:

Received by _____ Date _____ Date Received by Risk Mgmt _____