KNOXVILLE TVA EMPLOYEES CREDIT UNION
301 Wall Ave., P.O. Box 15994
Knoxville, TN 37901
Telephone: (865) 544-5400 • (800) 467-5427

AO386-C
GOVERNMENT EXHIBIT
CASE NO. 24-CR-80103-AMC
EXHIBIT NO. GX100

☒ New ☐ Update Date: 11/21/2019

BUSINESS ACCOUNT CARD

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.

MEMBER/ACCOUNT OWNER ☐ UPDATE (describe):

BUSINESS/ORGANIZATION NAME: FLORIDA SCUBA CHARTERS INC	MEMBER/ACCOUNT NUMBER: [redacted]3600
OTHER TRADE OR D/B/A NAME	MEMBERSHIP ELIGIBILITY
STATE ORGANIZED	EIN/TIN: [redacted]9247 — NATURE OF BUSINESS

TYPE OF BUSINESS/ORGANIZATION:
- ☐ C Corporation
- ☒ S Corporation
- ☐ Sole Proprietorship
- Single Member LLC
- ☐ Limited Liability Company (LLC)
  - Select Tax Classification:
  - C = C Corporation
  - S = S Corporation
  - P = Partnership
- ☐ Partnership:
  - ☐ General
  - ☐ Limited
  - ☐ Limited Liability
- ☐ Trust/Estate
- ☐ Unincorporated Organization/Association
- ☐ Other: _____

BUSINESS LICENSE NUMBER	ISSUED BY	ISSUANCE DATE	EXPIRATION DATE

MAILING ADDRESS	PHYSICAL ADDRESS
633 Se Monet Dr Port St Lucie, Fl 34984	

BUSINESS PHONE	OTHER PHONE	EMAIL ADDRESS
(000) 000-0000	[redacted]	

AUTHORIZED PERSON ☐ UPDATE (describe):

NAME	SSN/TIN	DATE OF BIRTH
Dustin Sean Mccabe	[redacted]7518	[redacted]1975
HOME ADDRESS: 484 Wells Spring Road, Dandridge, Tn 37725	DRIVER'S LICENSE/PERSONAL ID NO.: 084307505	STATE ID ISSUED BY: TN
TITLE /POSITION	ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY) / LANDLINE/HOME PHONE: [redacted]	CELL PHONE	BUSINESS PHONE

AUTHORIZED PERSON ☐ UPDATE (describe):

NAME	SSN/TIN	DATE OF BIRTH
Kristy M Mccabe	[redacted]9228	[redacted]1980
HOME ADDRESS: [redacted] Lenior City, Tn [redacted]	DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION	ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY) / LANDLINE/HOME PHONE: (000) 000-0000	CELL PHONE	BUSINESS PHONE

AUTHORIZED PERSON ☐ UPDATE (describe):

NAME	SSN/TIN	DATE OF BIRTH
HOME ADDRESS	DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION	ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY) / LANDLINE/HOME PHONE	CELL PHONE	BUSINESS PHONE

AUTHORIZED PERSON ☐ UPDATE (describe):

NAME	SSN/TIN	DATE OF BIRTH
HOME ADDRESS	DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION	ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY) / LANDLINE/HOME PHONE	CELL PHONE	BUSINESS PHONE

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ACCOUNT TYPE	UPDATE (describe):

- ☒ SHARE/SAVINGS: 00
- ☐ MONEY MARKET:
- ☒ SHARE DRAFT/CHECKING: 70
- ☐ OTHER:
- ☐ SHARE CERTIFICATE/CERTIFICATE:
- ☐ OTHER:

ACCOUNT SERVICES	UPDATE (describe):

- ☒ DEBIT CARD:
- ☒ ONLINE BANKING:
- ☒ MOBILE BANKING:
- ☒ AUDIO RESPONSE:

OVERDRAFT SERVICES (indicate transfer priority):

1.
2.
3.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

1. ***The number shown on this form is the Account Owner' s correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and***
2. ***The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of 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, and***
3. ***The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the law s of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).***
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 the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Checking the box serves to strike out the language related to underreporting. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a separate W-8 form is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing or otherwise authenticating, the undersigned, on behalf of the Account Owner, acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, additional documents and disclosures the Credit Union has provided, and to any amendments the Credit Union may make from time to time, which are applicable to the accounts and services requested herein. The undersigned also agree(s) that the information contained on this document is accurate, that any information updates identified on this Business Account Card amend all previously authenticated Business Account Card(s), and that such updates are subject to the terms and conditions of the applicable disclosures noted herein.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date
X Dustin McCabe Dustin McCabe (Nov 21, 2019)	Nov 21, 2019 (Seal)

TITLE: Dustin McCabe - President

Signature	Date
X Kristy M McCabe Kristy M McCabe (Nov 21, 2019)	Nov 21, 2019 (Seal)

TITLE: Kristy McCabe - Secretary

Signature	Date
X	(Seal)

TITLE:

Signature	Date
X	(Seal)

TITLE:

FOR CREDIT UNION USE ONLY

MEMBERSHIP EFFECTIVE DATE	OPENED/APPROVED BY	MEMBER VERIFICATION
11/21/2019	JCM JCM	

ENTITY FORMATION DOCUMENTS REVIEWED BY: JCM

COPIES OBTAINED

- ☒ CORPORATE RESOLUTION
- ☒ ARTICLES OF INCORPORATION/ORGANIZATION
- ☐ OPERATING AGREEMENT
- ☒ FINANCIAL STATEMENTS
- ☐ PARTNERSHIP AGREEMENT
- ☐ BYLAWS OR CODE OF REGULATIONS
- ☒ CREDIT REPORT
- ☒ OTHER: Questionnaire, EIN

☒ OFAC/SDN LIST CHECKED DATE CHECKED: _____ CHECKED BY: Chad Mitchell
Chad Mitchell (Nov 21, 2019)

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CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CONTINUE TO THE FOLLOWING PAGE

MEMBER/ACCOUNT NUMBER: [redacted]3600

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information.

a. Name and Title of Natural Person Opening Account:

NAME	TITLE
DUSTIN SEAN MCCABE	Dustin McCabe - President

b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

NAME	TYPE	ADDRESS
FLORIDA SCUBA CHARTERS INC	CORPORATION	633 Se Monet Dr Port St. Lucie, Fl 34984

c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.

Beneficial Owner Not Applicable

BENEFICIAL OWNER 1

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
DUSTIN SEAN MCCABE	[redacted]1975	484 Wells Spring Road Dandridge, Tn 37725

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
[redacted]7518		

BENEFICIAL OWNER 2

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
KRISTY M MCCABE	[redacted]1980	[redacted] Lenior City, Tn [redacted]

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
[redacted]9226		

BENEFICIAL OWNER 3

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 4

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- **An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or**
- **Any other individual who regularly performs similar functions (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).**

NAME	ADDRESS (Residential or Business Street Address)
DUSTIN SEAN MCCABE	484 Wells Spring Road Dandridge, Tn 37725
TITLE Dustin McCabe - President	DATE OF BIRTH [redacted]1975

SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*
[redacted]7518		

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

CERTIFICATION SIGNATURE

I, Dustin Sean Mccabe (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature	Date
X Dustin McCabe Dustin McCabe (Nov 21, 2019)	Nov 21, 2019 (Seal)

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