

CHECKLIST FOR OPENING A BUSINESS ACCOUNT

Thank you for your interest in establishing your business banking relationship with Rancho Federal Credit Union. This Checklist is designed to assist you in gathering the documentation the Credit Union needs to open your business account(s) in an expeditious manner. Your account will NOT be opened if the required documentation is not present at the time of application. To avoid this please:

- Review this **CHECKLIST**.
- Complete the **ACCOUNT QUESTIONNAIRE**.
- Complete and ensure all signatures are provided on the **ACCOUNT SIGNATURE CARD**.
- Provide required **BUSINESS DOCUMENTS** as noted in Section I.
- Provide the **ADDITIONAL DOCUMENTATION** described in Section II, as applicable to your type of business.

For business membership eligibility, all Primary Owner(s) of the Legal Business Entity must have an existing open account in good standing with Rancho Federal Credit Union. Authorized Signers do not need to be members.

If you have any questions, please call us, a representative will be happy to help: 562-803-6401

SECTION I

Required Business Documents:

- Unexpired U.S. Government-Issued Photo ID (for all signers)
- Taxpayer Identification Number/Employer Identification Number
- Two Months' Bank Statements for Business (if unavailable for business, personal bank statements)
- Live Scan Background Check Documentation (for all signers on MRB Accounts)
- Background check if required by city business is licensed in

SECTION II

Sole Proprietorship or Doing Business As (DBA):

Account Type 46

- Recorded/Filed Fictitious Business Name Statement (filed more than 30 days ago) and Proof of Publication (if necessary – see below)
- Business License/Seller's Permit

Individual business owners should file a fictitious business name statement (also known as a "DBA") and should be able to provide one to the Credit Union when the business name:

(1) Does not include the surname of the individual; or (2) Is a name that suggests the existence of additional owners.

A name that suggests additional owners is one that includes such words as "Company," "& Company," "& Sons," "& Associates," "Brothers" and the like, but not words that merely describe the business being conducted.

General Partnership:

Account Type 44

- Recorded/Filed Fictitious Business Name Statement (filed more than 30 days ago) and Proof of Publication (if necessary – see below)
- Partnership Agreement
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers

Partnerships should file a fictitious business name statement (also known as a "DBA") and should be able to provide one to the Credit Union when the business name is one that:

(1) Does not include the surname of each general partner; (2) Is a name that suggests the existence of additional owners.

See "Sole Proprietorship" above for names that suggest additional owners.

Limited Partnership:

Account Type 44

- Limited Partnership Agreement
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Certificate of Limited Partnership (LP-1)
- Application for Registration (LP-5) (if partnership was established outside of CA)

SECTION II

Limited Liability Partnership:

Account Type 44

- Limited Liability Partnership Agreement
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Certificate of Limited Liability Partnership (LLP-1)

Corporation - For Profit:

Account Type 48

- Recorded/Filed Fictitious Business Name Statement (filed more than 30 days ago) and Proof of Publication (if necessary – see below)
- Articles of Incorporation and amendments; including Certificate from Secretary of State
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Statement of Information (SI-550)
- Statement and Designation by Foreign Corporation (if corporation was established outside of CA)

Corporations should file a fictitious business name statement (also known as a "DBA") and should be able to provide one to the Credit Union when the business name is one that is any name other than the name stated in the corporation's Articles of Incorporation. As such, if the Credit Union requests a copy of the Articles of Incorporation and the name the business wants to use is different than the name on the Articles, the business should have filed a fictitious business name statement and one should be available to the Credit Union upon request

Corporation - Non-Profit:

Account Type 49

- Articles of Incorporation and amendments; including Certificate from Secretary of State
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Statement of Information (SI-100)
- Statement and Designation by Foreign Corporation (if corporation was established outside of CA)

Limited Liability Company (LLC):

Account Type 48

- Recorded/Filed Fictitious Business Name Statement (filed more than 30 days ago) and Proof of Publication (if necessary – see below)
- Articles of Organization (LLC-1) and Any Amendments
- Operating Agreement
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Limited Liability Company statement of Information (LLC-12)
- Application to Register (LLC-5) (if LLC was established outside of CA)

LLCs should file a fictitious business name statement (also known as a "DBA") and should be able to provide one to the Credit Union when the business name is any name other than the name stated in its Articles of Organization. As such, if the Credit Union requests a copy of the Articles of Organization and the name the business wants to use is different than the name on the Articles, the business should have filed a fictitious business name statement and one should be available to the Credit Union upon request.

Unincorporated Association:

Account Type 49

- Recorded/Filed Fictitious Business Name Statement (filed more than 30 days ago) and Proof of Publication (if necessary – see below)
- Filed Copy of Articles of Association (and any amendments)
- Bylaws
- Business License/Seller's Permit
- Resolution Authorizing Opening of the Account and Appointing Authorized Signers
- Statement of Unincorporated Association (UA-100) or Registration of Unincorporated Nonprofit Association (LP/UNA 128)

Unincorporated associations should file a fictitious business name statement and should be able to provide one to the Credit Union when the business name is one that:

- (1) Does not include the surname of each business owner; or (2) Is a name that suggests the existence of additional owners.

BUSINESS, SOLE PROPRIETOR, OR ASSOCIATION ACCOUNT SIGNATURE CARD

NEW Update Existing Card Dated:

Which one of our branches is most convenient to conduct your transactions at?

Downey Montebello Buena Park Claremont

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your other identifying documents.

For business membership eligibility, all Primary Owner(s) of the Legal Business Entity must have an existing Rancho Federal Credit Union membership. The existing membership account number(s) must be provided in the Business Account Signature Card.

PRODUCT & SERVICES APPLICATION - Merchant Services EZ Pay

Business Share Account Merchant Services Debit Card
 Business Checking Account EZ Pay Online Banking

ENTITY INFORMATION DBA/Sole Proprietor (46) Corporation (48) Partnership (44) Organization/Association (49)

Account name must match exactly that for which the EIN has been assigned. The account must be opened under the EIN assigned to the business entity.

Entity's Full Legal Name

DBA (if any)

EIN

Physical Address

City

State

Zip

Mailing Address (If Different)

City

State

Zip

Phone Number

Date Business Established

Web Address

CURRENT DIRECTORS, MEMBERS, PARTNERS, OR BUSINESS OWNERS

(ATTACH ADDITIONAL SHEETS IF NECESSARY) For corp. or association, list Directors. For LLC, list Members. For partnership or LLP, list Partners. For sole proprietor, list Owner. Primary Owner titles may include (but are not limited to): CEO, Corporate Officer, Director, Manager, Member, Owner, Partner, President. The business owners are automatically included as authorized signers. Only the business owner(s) are allowed to add or remove signers form business accounts.

#1 Name

Title

Date of Birth

Physical Address

Social Security Number

Driver's License #

State of Issuance

Date Issued

Expiration Date

Home Phone #

Work Phone #

Email Address

Existing Rancho Federal CU Account Number

Occupation

Mother's Maiden Name

CURRENT DIRECTORS, MEMBERS, PARTNERS, OR BUSINESS OWNERS

#2 Name	Title	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address	Social Security Number		
<input type="text"/>	<input type="text"/>		
Driver's License #	State of Issuance	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	Work Phone #		
<input type="text"/>	<input type="text"/>		
Email Address	Existing Rancho Federal CU Account Number		
<input type="text"/>	<input type="text"/>		
Occupation	Mother's Maiden Name		
<input type="text"/>	<input type="text"/>		

#3 Name	Title	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physical Address	Social Security Number		
<input type="text"/>	<input type="text"/>		
Driver's License #	State of Issuance	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	Work Phone #		
<input type="text"/>	<input type="text"/>		
Email Address	Existing Rancho Federal CU Account Number		
<input type="text"/>	<input type="text"/>		
Occupation	Mother's Maiden Name		
<input type="text"/>	<input type="text"/>		

TERMS & CONDITIONS

You understand and agree that account(s) established now or later shall be governed by the Credit Union's bylaws as well as by the terms and conditions set forth in this Signature Card and the applicable terms and conditions set forth in the Account Agreement and Truth-in-Savings Disclosure or Business Account Agreement (as applicable), receipt of which is hereby acknowledged. You agree to notify the Credit Union if the business or association terminates or is dissolved, voluntarily or involuntarily. You certify that, at a regularly held meeting, the person(s) identified below as "authorized signers" were, by resolution or otherwise, designated as authorized signers on the accounts opened under this Signature Card and that he/she/they, or any one of them, acting ALONE OR JOINTLY, is/are authorized and empowered to transact business of any character whatsoever in connection with any account opened under this Signature Card. Further, you certify that his/her/their authority shall continue in force until written notice to the contrary is received by the Credit Union.

The credit union will be notified immediately upon change in ownership, management, responsible individuals or business structure.

President, CEO, Partner, or Sole Proprietor (Print) Signature Date

Secretary/Treasurer, Executive Officer, or Partner (Print) Signature Date

Secretary/Treasurer, Executive Officer, or Partner (Print) Signature Date

AUTHORIZED SIGNER INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

#1 Name		Title	Date of Birth
<input type="text"/>		<input type="text"/>	<input type="text"/>
Physical Address		Social Security Number	
<input type="text"/>		<input type="text"/>	
Driver's License #	State of Issuance	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #		Work Phone #	
<input type="text"/>		<input type="text"/>	
Occupation		Mother's Maiden Name	
<input type="text"/>		<input type="text"/>	
Email Address		Signature	
<input type="text"/>		<input type="text"/>	

#2 Name		Title	Date of Birth
<input type="text"/>		<input type="text"/>	<input type="text"/>
Physical Address		Social Security Number	
<input type="text"/>		<input type="text"/>	
Driver's License #	State of Issuance	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #		Work Phone #	
<input type="text"/>		<input type="text"/>	
Occupation		Mother's Maiden Name	
<input type="text"/>		<input type="text"/>	
Email Address		Signature	
<input type="text"/>		<input type="text"/>	

#3 Name		Title	Date of Birth
<input type="text"/>		<input type="text"/>	<input type="text"/>
Physical Address		Social Security Number	
<input type="text"/>		<input type="text"/>	
Driver's License #	State of Issuance	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #		Work Phone #	
<input type="text"/>		<input type="text"/>	
Occupation		Mother's Maiden Name	
<input type="text"/>		<input type="text"/>	
Email Address		Signature	
<input type="text"/>		<input type="text"/>	

#4 Name		Title	Date of Birth
<input type="text"/>		<input type="text"/>	<input type="text"/>
Physical Address		Social Security Number	
<input type="text"/>		<input type="text"/>	
Driver's License #	State of Issuance	Date Issued	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #		Work Phone #	
<input type="text"/>		<input type="text"/>	
Occupation		Mother's Maiden Name	
<input type="text"/>		<input type="text"/>	
Email Address		Signature	
<input type="text"/>		<input type="text"/>	

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). **However, for a registered alien, sole proprietor, or disregarded entity, see Part I of "Specific "Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Instructions to IRS Form W-9.** For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions," Part

Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requester."

Social Security Number (SSN)

_____ - _____ - _____

OR

Employer Identification Number (EIN)

_____ - _____ - _____

Part II Exemptions (if Any)

Note Regarding Exempt Payee Code: If you are exempt from backup withholding, you should provide an Exempt Payee Code to avoid possible erroneous backup withholding.

Exempt Payee Code (if any):

Note Regarding Exemption from FATCA Reporting Code: If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Exemption from FATCA Reporting Code (if any):

PART III CERTIFICATION

By signing below, you certify, under the penalties or perjury, that:

1. The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you), **and**
2. You are not subject to backup withholding because: **(a)** you are exempt from backup withholding, or **(b)** you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified you that you are no longer subject to backup withholding, **and**
3. The FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting are correct; **and**
4. You are a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

Sign Here **Note:** 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 **X** _____ Date _____

FOR CREDIT UNION USE ONLY

Opened By _____ Date _____

Branch _____ Eligibility _____

Existence of Entity Verified? Yes No _____ Method of Verification Used _____

ID Verified? Yes No _____ Method of Verification Used _____

Resolution of any Substantive Discrepancy _____

Date Approved _____ By (Credit Union Officer) _____

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS (APPENDIX A to 31 CFR § 1010.230)

I. GENERAL INSTRUCTIONS

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 foreign 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 government issued ID or other identifying document for each beneficial owner listed on this form.

BUSINESS ACCOUNT QUESTIONNAIRE

As a financial institution we are required by Federal law to know our members. In order to do this we must perform opening account, and ongoing, due diligence on business accounts, to obtain reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All of the following questions require an answer. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

How did you hear about Rancho Federal Credit Union?

Is your business a

- Corporation (48) Sole Proprietorship or DBA (46) LP / LLP / LLC (44)
 Unincorporated Association (49) Non-Profit (49) Partnership (44)

List each individual who directly or indirectly owns 25% or more of the equity interest here:

1. _____ 2. _____
3. _____ 4. _____

Describe what is the primary nature of your business? _____

Describe Actual Goods or Services Provided _____

Is your business a Marijuana Related Business (MRB) that is directly engaged in the cultivation/ distribution/ sale/ dispensing of marijuana, products containing or derived from marijuana, drug paraphernalia, or directly providing goods or services to these types of businesses? Yes No

What specifically does you MRB engage in? _____

What Type of License is your MRB?

- Producer Processor Wholesaler Retailer Testing Laboratory Research Certificate
 Cultivator Distributor Cannabis Event Organizer Microbusiness

Other/Describe _____

How long has the business been in operation? _____ How many locations do you have? _____

List all Location Address	#of Employees	Facility Manager	Phone Number

Main Office Address _____ Phone Number _____

Who is and where is your current primary bank? _____

What type of banking services are you currently using? _____

What banking services are you interested in? _____

Will your business be performing transactions by either large cash deposits or withdrawals? Yes No

What is the level of anticipated annual sales activity? _____

What is your anticipated annual spending? _____

Average monthly balances in your bank accounts? _____

Which one of our branches is most convenient to conduct your transactions at?

Downey Montebello Buena Park Claremont

CASH REQUIREMENTS

Will you be making **cash deposits**? Yes No

If yes, describe the source of the cash deposits. All cash deposits require reconciliation from your POS system

Expected first deposit amount? _____

What will be source of funds for first deposit? _____

RFCU will not accept legacy cash at any time. All cash deposits require a reconciliation from your POS system to show cash deposited is from recent retail cash sales.

Expected Number of Deposits _____ Daily Weekly Monthly

What is the average Expected CASH DEPOSIT Between \$ _____ and \$ _____

Will you be making **cash withdrawals**? Yes No If yes, describe the purpose of cash withdrawals

Expected Number of Withdrawals _____ Daily Weekly Monthly

What is the average Expected CASH WITHDRAWAL Between \$ _____ and \$ _____

WIRE REQUIREMENTS

Will you be performing transactions by either incoming or outgoing wire transfers? Yes No

Send Receive Domestic International

Expected Number of INCOMING WIRES _____ Daily Weekly Monthly

What is the average Expected INCOMING WIRE Between \$ _____ and \$ _____

If Yes, describe the purpose of these incoming wires, name who is sending the wire and the geographical location where they are located.

Expected Number of OUTGOING WIRES _____ Daily Weekly Monthly

What is the average Expected OUTGOING WIRE Between \$ _____ and \$ _____

For Outgoing Wires, describe the purpose, name who is benefiting from the wire and the geographical location where they are located.

Describe other deposits (checks, electronic ACH, transfers, etc.) and withdrawals (Cashiers' checks, checks written, electronic ACH, transfer, etc.) we should expect to see on this account

What Point of Sale (POS) is used? _____

What payment types are accepted? _____

How are card transactions processed? _____

Does your location sell gift cards? _____

Name of Merchant Service provider: _____

Is there an ATM on premises? Yes No

If so name of ATM owner: _____

Name of Company who services ATM: _____

TOTAL MONTHLY EXPECTED DEPOSITS \$

(cash, checks, wires, ach, debit card, etc)

TOTAL MONTHLY EXPECTED WITHDRAWALS \$

(cash, checks, wires, ach, debit card, etc)

Company's Representative for Banking

Business Office Cell

Email Address

Name

() -

Do you cash your employee's payroll checks? Yes No

If so, how many checks are cashed on a monthly basis? _____

List the highest amount check that is cashed: _____

If you cash checks for over \$1,000- Do you have a BSA policy and procedure? Yes No

Who is trained to comply with the MSB requirements? (See below for the definition of a Money Service Business MSB)

The term "money services business" includes any person doing business, whether or not on a regular basis or as an organized business concern, in one or more of the following capacities:

- (1) Currency dealer or exchanger.
- (2) Check casher.
- (3) Issuer of traveler's checks, money orders or stored value.
- (4) Seller or redeemer of traveler's checks, money orders or stored value.
- (5) Money transmitter.
- (6) U.S. Postal Service.

An activity threshold of greater than \$1,000 per person per day in one or more transactions applies to the definitions of: currency dealer or exchanger; check casher; issuer of traveler's checks, money orders or stored value; and seller or redeemer of travelers' checks, money orders or stored value. The threshold applies separately to each activity -- if the threshold is not met for the specific activity, the person engaged in that activity is not an MSB on the basis of that activity.

No activity threshold applies to the definition of money transmitter. Thus, a person who engages as a business in the transfer of funds is an MSB as a money transmitter, regardless of the amount of money transmission activity.

Notwithstanding the previous discussion, the term "money services business" does not include:

- A bank, as that term is defined in 31 CFR 1010.100(d) (formerly 31 CFR 103.11(c)), or
- A person registered with, and regulated or examined by, the Securities and Exchange Commission or the Commodity Futures Trading Commission.

For the complete regulatory definition of "money services business", see 31 CFR 1010.100(ff) (formerly 31 CFR 103.11(uu)).

Note: Each money services business (MSB) is a financial institution. For the regulatory definition of "financial institution," see 31 CFR 1010.100(t) (formerly 31 CFR 103.11(n)).

**CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS
(APPENDIX A to 31 CFR § 1010.230)**

II. 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:

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

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:

Name	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number

(If no individual meets this definition, please write "Not Applicable.")

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	Date of Birth	Address (Residential or Business Street Address)	For US Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature **X** _____ Date _____

In lieu of a passport number, foreign persons may also provide 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.