



AMERICAN FIRST CREDIT UNION
BUSINESS/ORGANIZATION SHARE ACCOUNT SIGNATURE CARD AND AGREEMENT

MEMBERSHIP ELIGIBILITY - Check all that apply

- Authorized Signer / Officer / Owner works for a Select Employer Group (Print Company Name: _____)
Business is a Select Employer Group
Authorized Signer / Officer / Owner is a Member
Authorized Signer / Officer / Owner is related to a Member or lives with a Member
Print Member's Name _____ Relationship to Member _____ Account _____
Business Owned/Operated in: Orange County Other City within Field of Membership: _____

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 who opens an account.

What this means for you: When you open an account with American First Credit Union, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see and copy your driver's license or other identifying documents.

Select the Business Type

- Corporation Limited Liability Company (LLC) Not for Profit
Sole Proprietorship Partnership Association/Lodge/Other

Select the Account Type

- Share Savings (Membership Account) Totally Free Business Checking 6 Mo. Business Certificate Business Savings
Business Interest Checking 12 Mo. Business Certificate

Name of Business Business Telephone Tax ID Number

Principal Line of Business Description of Business Operations 6-Digit NAICS Code

Business Address City State Zip

Current President / Executive Officer / Managing Partner / Owner Social Security Number

- Home Cell

Home Address Telephone

Date of Birth Mother's Maiden Name Driver's License Number / State / Issue & Expiration Date or Other

TAX CERTIFICATION: By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. person (including resident alien) and either (a) is exempt from backup withholding, or (b) has never been notified by the IRS that it is subject to backup withholding due to underreporting of dividends or interest, or (c) has been notified by the IRS that it is no longer subject to backup withholding. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (FATCA does not apply as this is a US account). I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding.

Check this box if this business is subject to backup withholding.

Print Name Print Title Authorized Signature

Resolution of Authority

This business / association is incorporated unincorporated;

and was organized on [date] at [location].

In this Signature Card and Agreement, the words "YOU," "YOUR," and "OWNER(S)" jointly and severally refer to the holder(s) of this account. The words "US" and "OUR" mean American First Credit Union. Account(s) established now or later shall be governed by our bylaws as well as by the terms and conditions set forth in this Signature Card and Agreement and the applicable terms and conditions set forth in the Business Account Agreement and Disclosure, receipt of which is hereby acknowledged. You agree to notify us if the business or organization terminates or is dissolved, voluntarily or involuntarily.

You, the undersigned President and Secretary / Treasurer, Partners, Owner, respectively, of _____, certify that at a regularly held meeting, the following persons were, by resolution, designated as authorized signers on this account and that by virtue of the authority vested by the constitution, bylaws, or otherwise, they, or any one of them, acting ALONE OR SEVERALLY, are authorized and empowered to transact business of any character whatsoever in connection with this account. You certify that his/her/their authority shall continue in force until written notice to the contrary is received by us.

Executed on this _____ day of _____, 20_____.

(Print Name) President, Executive Officer, Partner, or Sole Proprietor Signature

(Print Name) Secretary/ Treasurer or Partner Signature

Current Authorized Signers / Partners / Officers

Name 1: _____ **Title:** _____
 Home Address: _____ **Date of Birth:** _____
 Social Security Number: _____ **Driver's License Number / State / Expiration Date or Other:** _____
Name 1 Signature: _____ **Date:** _____

Name 2: _____ **Title:** _____
 Home Address: _____ **Date of Birth:** _____
 Social Security Number: _____ **Driver's License Number / State / Expiration Date or Other:** _____
Name 2 Signature: _____ **Date:** _____

Name 3: _____ **Title:** _____
 Home Address: _____ **Date of Birth:** _____
 Social Security Number: _____ **Driver's License Number / State / Expiration Date or Other:** _____
Name 3 Signature: _____ **Date:** _____

Name 4: _____ **Title:** _____
 Home Address: _____ **Date of Birth:** _____
 Social Security Number: _____ **Driver's License Number / State / Expiration Date or Other:** _____
Name 4 Signature: _____ **Date:** _____

RESOLVED that they are hereby severally authorized and empowered to:

Indicate Signer 1, 2, 3, or 4	Description of Power
_____	Exercise all powers listed in this resolution
_____	Open/close any share accounts in the name of the _____
_____	Endorse checks for payment of money or otherwise withdraw or transfer funds
_____	Other _____

I _____, the undersigned _____ respectively of the said _____ hereby certify that I am the _____ of said _____, that the foregoing is a full, true and correct copy of the resolution duly passed by the _____ thereof at a meeting of said _____ held on the day and at the place therein specified, and that said resolution has never been revoked, rescinded, or set aside, and is now in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his signature this _____ day of _____, 20_____.

 Name and Title Date

Acknowledgment of Disclosures

Your initials below indicate that you have received the following:

- _____ All About Your Business Accounts (terms and conditions)
- _____ Schedule of Fees and Charges for Accounts
- _____ Rate Schedule
- _____ Information on Optional Overdraft Protection Service

24/7 ACCOUNT ACCESS
800.290.1112
www.amerfirst.org



CERTIFICATION OF BENEFICIAL OWNERS
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:

Full Name	%	Date of Birth (MM/DD/YY)	Street Address, City, State, Zip (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹

(if no individual meets this definition, please write "Not Applicable.")
¹In lieu of a passport number, foreign persons may also provide an alien identification number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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)).

Full Name	Date of Birth (MM/DD/YY)	Street Address, City, State, Zip (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number ¹

¹In lieu of a passport number, foreign persons may also provide an alien identification number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (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: _____

Legal Entity Identifier _____ (Optional)

As the authorized agent for _____, I bind _____ to notify the Credit Union of any changes in the beneficial ownership information.

Application Approved By – if applicable (Print Name):	Title:
Signature:	Date:
Application Audited By (Print Name)	Title:
Signature:	Date: