



ACCOUNT NUMBER

SHARE ID NUMBER

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

MEMBERSHIP ELIGIBILITY - Check one

- Authorized Signer / Officer / Owner is a member of American First Credit Union
Business is owned / operated within field of membership
Business is a Select Employer Group

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 Business Type

- Sole Proprietorship, Limited Liability Company (LLC), Non-Profit, Political Campaign, Partnership, Corporation, Associations / Organizations / Other

Select Account Type

- Business Savings (Membership Account)
Checking Account Type:
Business Money Market
Certificate Account Type:

Name of Business Employer Identification Number (EIN)

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

Business Address City State Zip

Mailing Address (if different from Business Address) City State Zip

Business Phone Number Cell Phone Same as Business Fax Number

Email Address

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





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Current Authorized Signers / Partners / Officers

Person 1

Name 1: _____ Title: _____

Home Address: _____ Date of Birth: _____
Street Address City State Zip

Social Security Number: _____ Phone: _____ Home Cell Mother's Maiden Name: _____

Driver's License Number: _____ State: _____ Expiration Date: _____ or Other: _____

Name 1 Signature: _____ Date: _____

Person 2

Name 2: _____ Title: _____

Home Address: _____ Date of Birth: _____
Street Address City State Zip

Social Security Number: _____ Phone: _____ Home Cell Mother's Maiden Name: _____

Driver's License Number: _____ State: _____ Expiration Date: _____ or Other: _____

Name 2 Signature: _____ Date: _____

Person 3

Name 3: _____ Title: _____

Home Address: _____ Date of Birth: _____
Street Address City State Zip

Social Security Number: _____ Phone: _____ Home Cell Mother's Maiden Name: _____

Driver's License Number: _____ State: _____ Expiration Date: _____ or Other: _____

Name 3 Signature: _____ Date: _____

Person 4

Name 4: _____ Title: _____

Home Address: _____ Date of Birth: _____
Street Address City State Zip

Social Security Number: _____ Phone: _____ Home Cell Mother's Maiden Name: _____

Driver's License Number: _____ State: _____ Expiration Date: _____ or Other: _____

Name 4 Signature: _____ 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





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CERTIFICATION OF BENEFICIAL OWNERS

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

a. Name of Natural Person Opening Account: _____ Title: _____

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

Address: _____
Street Address City State Zip

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 Non-U.S. 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, non-U.S. 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 Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number ¹

¹In lieu of a passport number, non-U.S. 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:

Certification by Sole Proprietorship/Partnership/LLC/LLP

By signing below, I/we certify (check one):

- I am the sole owner of the sole proprietorship requesting and depositing funds to this/these account(s).
- We are all partners of the general partnership requesting and depositing funds to this/these account(s).
- I/We am/are all of the managers/officers of the Limited Liability Company (LLC) requesting and depositing funds to this/these account(s).
- I/We am/are all of the partners of the Limited Liability Partnership (LLP) requesting and depositing funds to this/these account(s).
This is not a fiduciary account (such as an attorney-client trust account).

I/We certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts. I/We agree on behalf of the named business entity to all terms stated on this card and any separate account agreements provided to me/us.

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature