

AMERICAN FIRST CREDIT UNION

BUSINESS/ORGANIZATION SHARE ACCOUNT SIGNATURE CARD AND AGREEMENT

MEMBERSHIP ELIGI	BILITY - Check one						
☐ Authorized Signer / O	fficer / Owner is a member of America	an First Credit Union					
☐ Business is ☐owned / operated within field of membership ☐ is a Select Employer Group							
To help the government	fight the funding of terrorism and mo	ABOUT PROCEDURES FOR OPEN oney laundering activities, Federal law nat identifies each person who opens	v requires all financial institution	s to obtain, verify and			
	s for you: When you open an account ation that will allow us to identify you						
Select Business Type	9						
☐ Sole Proprietorship	☐Limited Liability Company (LLC)	☐ Non-Profit	☐Political Campaign				
Partnership	☐Corporation	☐ Associations / Organizations	/ Other				
Select Account Type							
☐ Checking Account	Type:						
☐ Business Money Ma							
☐ Certificate Account	Туре:						
Name of Business		E	mployer Identification Number (I	EIN)			
Principal Line of Busines	s	Description of Business Operations	6-Digit NAICS Cod	le			
Business Address		City	State Z	Z ip			
Mailing Address (if different	ent from Business Address)	City	State Z	Zip			
Business Phone Number		Cell Phone Same as Business	Fax Number				
Email Address							
an account. The busine notified by the IRS that no longer subject to bac correct. (FATCA does not certifications required to	By signing below, I certify that the tass entity is a U.S. person (including rit is subject to backup withholding duckup withholding. The FATCA code eot apply as this is a US account). I ure avoid backup withholding.	esident alien) and either (a) is exemple to underreporting of dividends or in ntered on this form (if any) indicating nderstand that the IRS does not requ	ot from backup withholding, or (buterest, or (c) has been notified but that the payee is exempt from F	b) has never been by the IRS that it is FATCA reporting is			
Print Name	Print Title	X	uthorized Signature				
			•				

ACCOUNT NUMBER

Current Authorized Signers / Partners / Officers

ACCOUNT NUMBER

CERTIFICATION OF BENEFICIAL OWNERS

Persons opening an acc	ount on b	enair or a legai	entity must provide the following	g information:		
a. Name of Natural Person Opening Account: Title:						
	hich the Acc	count is Being Op	ened:			
Address:Street Address			City	State Z	Zip	
c. The following information for	or each indiv	vidual, if any, who	, directly or indirectly, through any contr 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	
d. The following information for An executive officer General Partner, Pr	persons may all or similar safeg or one indivi- r or senior m resident, Vic I who regula	lso provide an alien ide uard. dual with significa nanager (e.g., Chi te President, Trea arly performs simil	ntification number, or number and country of issuance ant responsibility for managing the legal ief Executive Officer, Chief Financial Off asurer); or	entity listed above, such as: ficer, Chief Operating Officer	, , , , , , , , , , , , , , , , , , ,	
(ii appropriate, air ii	Tulviduai iisi	ed under section	(c) above may also be listed in this sect	uon (u)).	T	
Full Name	Date of B (MM/DD/		reet Address, City, State, Zip ential 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	
or residence and bearing a photograph	or similar safeg	uard.	ntification number, or number and country of issuance ening account), hereby certify, to the be			
				Date:		
Legal Entity Identifier			(Optional)			
As the authorized agent for_ any changes in the beneficial	ownership i	nformation.	, I bind	to	notify the Credit Union of	
Application Approved By – if applicable (Print Name):				Title:		
Signature:				Date:	Date:	
Application Audited By (Print Name)				Title:		
Signature:			Date:			



RESOLUTION OF AUTHORITY

Secretary's Signature		Print Name	
(date)		(City)	(State)
Executed on	at	(C:L.)	(6)
	L - L		
be used for personal, family, or house			
opened, as stated in the account discle			
acknowledges(s) receipt of and agree			
opened will be subject to state and fe			
authorizes AFCU to open new accounsigner, and (4) agrees that AFCU may			
the account(s) requested, (2) authorizes AECLL to open new account			
(insert date), and (3) these resolution		·	, , ,
resolutions adopted by the directors of			
Certification: I certify that: (1) I am th			
i inici vaine	Tanpayer ID NO	Signature	
Print Name	 Taxpayer ID No	Signature	
Print Name	Taxpayer ID No	Signature	
Print Name	Taxpayer ID No	Signature	
Drint Nama	Towns on ID No.	Cinnat.	
Print Name	Taxpayer ID No	Signature	_
including closing the account. Americ			
Authorized Signers: The signature	of any one of the individuals	: listed helow is sufficient to	conduct husiness on this account
funds consistent with indicated signat	ure authorizations.		
accounts for this entity, including but	not limited to: (1) opening a	ccounts, (2) closing accounts,	and (3) depositing and withdrawing
resolved, that the persons identified	as authorized signers on this	card are authorized to conduct	all business on financial institution
directors/officers of			(entity title[s]). Further
accounts with American First Credit	Union as indicated on this fo		
Resolved that, the		(entity title(s)) is/ar	re authorized to open and maintain
Resolution by Corporation/Assoc	iation/Organization/Other		
Limited Liability Partnership (LLP)	Corporation	Association/Organiz	
Sole Proprietorship	☐ Partnership	Limited Liability Con	anany (LLC)
Business Type:			
Address of Business			
Name of Business			
Name of Rusiness			

Eligibility to Maintain This Account: Account Holder(s) further certify that the business for which this account is requested is eligible for membership in American First Credit Union because it is located within Riverside, San Bernardino, or Orange County, or its 14 surrounding cities. Businesses may also be eligible for membership outside these counties/cities if all owners of the business are eligible through their employer(s), their immediate family members (spouses, parents, children or siblings by blood, marriage or adoption or other legal relationship), or because a person with whom they share a household belongs to American First Credit Union.

Certification by Sole Proprietorship/Partnership/LLC/LLP	
account(s).	depositing funds to this/these account(s). ity Company (LLC) requesting and depositing funds to this/these rship (LLP) requesting and depositing funds to this/these account(s).
	to bind this business entity to contractual obligations, including funds to and withdrawing funds from financial institution accounts. Ited on this card and any separate account agreements provided to
Print Name	Signature
Print Name	Signature
Print Name	Signature

Signature

Print Name