



COMMERCIAL REAL ESTATE

Loan Application Package - Entities Only

Your Loan Application Package Includes:

- Loan Application/Personal Financial Statement
- Borrower Vesting Information
- Business Share Account Agreement

800.290.1112 | amerfirst.org

Commercial Loan Application

Entity Application

Property & Loan Information

Type of Loan Request

Use of Funds: ☐ Purchase ☐ Rate & Term Refinance ☐ Cash-Out Refinance

Property Information

Property Address:		City:	ST:	Zip	County:
Property Type:			If "Other," please describe:		
Leasehold? ☐ Yes ☐ No	Is use legal and conforming? ☐ Yes ☐ No		HOA? ☐ Yes ☐ No		% Occupied _____
Year Built:	No. Buildings:	No. Floors:	Acres:		Parking Spots:
Gross Sq. Feet:		Number of Units:		Property Condition:	

Primary Loan Servicing Contact Information

Name of Primary Contact (for all loan servicing needs):	Home Phone:	Cell Phone:	Office Phone:	Email Address:
Primary Mailing Address (for all loan correspondence, mortgage statements, etc.):		City:	State:	Zip Code:

Transaction Information

If the purpose of the loan is to finance a <u>purchase</u> , please complete the following:		
Purchase Price: \$ _____	Cash Down: \$ _____	Purchase Closing Date: _____
Is seller a friend, relative, or affiliate of borrower or borrower's principals or officers? ☐ Yes ☐ No		
Is this a 1031 exchange? ☐ Yes ☐ No		If "yes", exchange expiration date: _____
		Name of Accomodator: _____
		Email: _____ Phone: _____
If the purpose of the loan is to finance a <u>refinance</u> , please complete the following:		
Estimated Value: \$ _____	Date Acquired: _____	Original Purchase Price: \$ _____
Current Loan Balance? \$ _____	Does your existing loan have a remaining prepayment penalty? ☐ Yes ☐ No \$ _____ OR % _____	
Existing Lender(s): _____		
Cash Out? ☐ Yes ☐ NO	If "yes", describe use of proceeds: _____	

Borrower Information

Borrower/Vesting Entity (1) (Required)

Please check one:

☐ Limited Liability Company ☐ Corporation ☐ Partnership (LTD or General) ☐ Trust ☐ Other _____

Name of Borrower:		Name of Contact (If different):		
Physical Address (home address if individual or place of business if entity):	City:	State:	County:	Zip:
Mailing Address (if different):	City:	State:	County:	Zip:
Home Phone:	Cell Phone:	Office/Work Phone:		Email Address:
SSN (or Tax ID if entity):	Formation Date: (Entity)		Existing American First Credit Union Member? ☐ Yes ☐ No	
	Place of Formation:			

Co-Borrower/Vesting Entity (2) (if applicable)

Please check one:

☐ Limited Liability Company ☐ Corporation ☐ Partnership (LTD or General) ☐ Trust ☐ Other _____

Name of Borrower:		Name of contact (if different):		
Physical Address (home address if individual or place of business if entity):	City:	State:	County:	Zip:
Mailing Address (if different):	City:	State:	County:	Zip:
Home Phone:	Cell Phone:	Office/Work Phone:		Email Address:
SSN (or Tax ID if entity):	Formation Date: (Entity)		Existing American First Credit Union Member? ☐ Yes ☐ No	
	Place of Formation:			

Co-Borrower/Vesting Entity (3) (if applicable)

Please check one:

☐ Limited Liability Company ☐ Corporation ☐ Partnership (LTD or General) ☐ Trust ☐ Other _____

Name of Borrower:		Name of contact (if different):		
Physical Address (home address if individual or place of business if entity):	City:	State:	County:	Zip:
Mailing Address (if different):	City:	State:	County:	Zip:
Home Phone:	Cell Phone:	Office/Work Phone:		Email Address:
SSN (or Tax ID if entity):	Formation Date: (Entity)		Existing American First Credit Union Member? ☐ Yes ☐ No	
	Place of Formation:			

DUPLICATE PAGE AS NEEDED FOR ADDITIONAL BORROWERS

Borrower/Co-Borrower Information

Name of Borrower (1):	Name of Borrower (2):	Name of Borrower (3):	
	Borrower (1)	Borrower (2)	Borrower (3)
1. Do you have any existing or prior commercial loans? If "Yes", how many existing or prior loans?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. How many years of experience does (do) the key principal(s) have in real estate?			
3. How many commercial properties does (do) the key principal(s) own?			
4. Does the borrowing entity or any of its affiliates or principal owners currently guarantee a bank loan or mortgage for another person or entity? If "yes", please attach a page and provide a detailed description including the dollar amount of each of these contingent liabilities.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Has the borrowing entity, principal owners or any of its affiliates been involved in any material lawsuits, judgments or liens filed against the property or an entity having interest in the subject property within the last 10?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Has the borrowing entity or any of its principal owners filed for bankruptcy, including Chapter 11?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Has the borrowing entity or any of its principal owners ever lost any real estate through foreclosure preceding or deeded property to a lender in lieu of foreclosure?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Has the borrowing entity or any of its affiliates or principal owners ever been charged or convicted of a felony?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Have you incurred a loss in any of the past 3 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Do you owe any delinquent state or federal taxes?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11. Is the borrower (if an entity) for sale or under agreement that would change the ownership of the business?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Has the borrower (if an entity) changed names in the past 5 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If you answered yes to any of the questions above, please attach details.			
DUPLICATE PAGE AS NEEDED FOR ADDITIONAL BORROWERS			

Borrower/Co-Borrower Required Signatures

The undersigned hereby applies to American First Credit Union ("AFCU") for a loan under the above vesting. The undersigned is fully aware that the financial capability of the named above will undergo the credit review process to qualify for the loan. All charges, costs and fees incurred during this process, which may include, but are not limited to, any and all credit verifications, administrative expenses, property inspection, appraisal, attorneys, consultants or others in connections with the considering this application ("costs") will be incurred by the undersigned and will be deducted from the application costs deposit(s). You agree to pay for these costs even if AFCU declines your loan or you withdraw your application. In the event the initial deposit is insufficient to cover AFCU costs, you will be advised of the deficiency owed to AFCU.

The undersigned acknowledges that all signature copies and faxes can be relied upon by American First Credit Union as it would such original signatures. The undersigned further gives permission to American First Credit Union to share information in this loan application with any Federal, State, or other authorities and/or lenders for the purpose of processing this loan application or participation of this loan with another financial institution and authorizes American First Credit Union to verify my (our) identity. The undersigned hereby authorizes American First Credit Union to initial debit entries to the checking account listed above for the scheduled payments or any credit extension, or renewal thereof, arising from this application. The undersigned certifies that any property and/or proceeds from the proposed request will be used by the applicant for commercial purpose only and not for any person, family, or household purposes, and that the proposed request would constitute a business loan which is exempted from the disclosure requirements of Regulation Z - Truth in Lending Act. The applicant agrees to indemnify and hold lender harmless from any and all claims, loss, or damage resulting or caused by the request being subject to any of the provisions of the Federal Consumers Credit Protection Act (Truth in Lending Act). The undersigned certifies that he/she has full authority to act on behalf of applicant in connection with the above referenced credit request. If the loan does not close after the lender issues a final approval, the balance of the good faith deposit may be retained by the Credit Union.

I authorize American First Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquiries, verification of tax returns with the IRS, credit and banking references, and obtaining and reviewing publicly available applicant information from AI. I certify that the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

I, the undersigned, hereby certify that the information shown on the above financial statement is true and correct to the best of my knowledge and belief.

Further there have been no material or adverse changes to my financial condition since the date indicated on this statement.

I, the undersigned, further certify that the information shown on the rent roll, operating statements, property income and expense statements are true and correct to the best of my knowledge and belief.

Authorized Borrower Signature (1) (Required)	Title	Date	Applying for Joint Credit? YES ☐ NO ☐
Authorized Borrower Signature (2) (if applicable)	Title	Date	Applying for Joint Credit? YES ☐ NO ☐
Authorized Borrower Signature (3) (if applicable)	Title	Date	Applying for Joint Credit? YES ☐ NO ☐

DUPLICATE PAGE AS NEEDED FOR ADDITIONAL BORROWERS

Guarantor Information

Guarantor (1) (Required)

Please check one: ☐ Individual ☐ Limited Liability Company ☐ Corporation ☐ Partnership (LTD or General) ☐ Trust ☐ Other _____					
Name of Guarantor:		Married ☐ Yes ☐ No	Name of Contact (if different):		
Physical Address (home address if individual or place of business if entity):		City:	State:	County:	Zip:
Mailing Address (if different):		City:	State:	County:	Zip:
Home Phone:	Cell Phone:		Office/Work Phone:		Email Address:
SSN (or Tax ID if entity):		Date of Birth (Individual)	or	Formation Date: (Entity)	
Driver's License Number: (Individual)		Place of Birth (Individual)	or	Place of Formation: (Entity)	
					Existing American First Credit Union Member? ☐ Yes ☐ No

Guarantor (2) (If Applicable)

Please check one: ☐ Individual ☐ Limited Liability Company ☐ Corporation ☐ Partnership (LTD or General) ☐ Trust ☐ Other _____					
Name of Guarantor:		Married ☐ Yes ☐ No	Name of Contact (if different):		
Physical Address (home address if individual or place of business if entity):		City:	State:	County:	Zip:
Mailing Address (if different):		City:	State:	County:	Zip:
Home Phone:	Cell Phone:		Office/Work Phone:		Email Address:
SSN (or Tax ID if entity):		Date of Birth (Individual)	or	Formation Date: (Entity)	
Driver's License: (Individual)		Place of Birth (Individual)	or	Place of Formation: (Entity)	
					Existing American First Credit Union Member? ☐ Yes ☐ No

Guarantor (3) (If Applicable)

Please check one: ☐ Individual ☐ Limited Liability Company ☐ Corporation ☐ Partnership (LTD or General) ☐ Trust ☐ Other _____					
Name of Guarantor:		Married ☐ Yes ☐ No	Name of Contact (if different):		
Physical Address (home address if individual or place of business if entity):		City:	State:	County:	Zip:
Mailing Address (if different):		City:	State:	County:	Zip:
Home Phone:	Cell Phone:		Office/Work Phone:		Email Address:
SSN (or Tax ID if entity):		Date of Birth (Individual)	or	Formation Date: (Entity)	
Driver's License: (Individual)		Place of Birth (Individual)	or	Place of Formation: (Entity)	
					Existing American First Credit Union Member? ☐ Yes ☐ No

DUPLICATE PAGE AS NEEDED FOR ADDITIONAL GUARANTORS

Guarantor(s) Information

Name of Guarantor (1):	Name of Guarantor (2):	Name of Guarantor (3):	
	Guarantor (1)	Guarantor (2)	Guarantor (3)
1. Do you have any existing or prior commercial loans? If "Yes", how many existing or prior loans?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. How many years of experience does the guarantor have in real estate?			
3. How many commercial properties does the guarantor own?			
4. Does the guarantor or any of its affiliates or principal owners currently guarantee a bank loan or mortgage for another person or entity? If "yes", please attach a page and provide a detailed description including the dollar amount of each of these contingent liabilities.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Has the guarantor, or any of its affiliates or principal owners been involved in any material lawsuits, judgments or liens filed against the property or an entity having interest in the subject property within the last 10 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Has the guarantor or any of its principal owners filed for bankruptcy, including Chapter 11?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Has the guarantor or any of its principal owners ever lost any real estate through foreclosure preceding or deeded property to a lender in lieu of foreclosure?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Has the guarantor or any of its affiliates or principal owners ever been charged or convicted of a felony?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Has the guarantor incurred a loss in any of the past 3 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Does the guarantor owe any delinquent state or federal taxes?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11. Is the guarantor (if an entity) for sale or under agreement that would change the ownership of the business?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Has the guarantor (if an entity) changed names in the past 5 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. Is the guarantor (if individual) a US citizen? (If not, please provide us with the number and a copy of your alien registration card)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
14. Has the guarantor (if individual) relocated from one country to another in the past 5 years?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you answered yes to any of the questions above (excluding question #13), please attach details.

DUPLICATE PAGE AS NEEDED FOR ADDITIONAL GUARANTORS

Personal Financial Statement

Complete this form for **each borrower**. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required. If the co-borrower section was completed about a non-applicant spouse or other person, this statement and supporting schedules must be completed about that spouse or other person also.

Name(s):

☐ Completed Jointly

☐ Not Jointly

Name(s):

Assets (Omit Cents)		Liabilities (Omit Cents)	
Checking and Savings (Please provide verification. Refer to attached Schedule of Liquid Assets)	\$	Accounts Payable (Including Credit Cards)	\$
IRA or Other Retirement Account — vested interest only. (Please provide verification. Refer to attached Schedule of Liquid Assets)	\$	Notes Payable to Banks	\$
Accounts & Notes Receivable (Please provide verification)	\$	Installment Account (Auto)	\$
Real Estate (Describe in Section 2)	\$	Installment Account (Other)	\$
Life Insurance — Cash Surrender Value Only	\$	Loan on Life Insurance	\$
Stocks & Bonds (Please provide verification)	\$	Mortgages on Real Estate (Describe in Schedule of Real Estate Owned)	\$
Closely Held Companies (Net Worth)	\$	Unpaid Taxes	\$
Other Personal Property. Include Automobile(s), Jewelry, etc.	\$	Other Liabilities	\$
Other Assets	\$	Alimony/Child Support/Separate Maintenance Payments	\$
Other Assets	\$	TOTAL LIABILITIES:	\$ 0
TOTAL ASSETS:	\$ 0	TOTAL NET WORTH (Total Assets minus Total Liabilities):	\$ 0

Personal Financial Statement (continued)

Annual Salary \$	Annual Net Investment Income \$
Annual Real Estate Income \$	Other Annual Income (Retirement, Alimony or Child Support*, etc.) \$
Outstanding Legal Claims and/or Judgments \$	Annual Alimony and/or Child Support Obligation (if applicable) \$

* Please Note: Alimony, child support, or separate maintenance income need not be revealed if the Borrower/Co-Borrower or Guarantor(s) does not choose to have it considered for repaying this loan.

Real Estate Owned (List each parcel separately on the attached Schedule of Real Estate Owned). Each attachment must be identified as part of this statement and signed.

DUPLICATE PAGE AS NEEDED

Guarantor(s) Required Signatures

The undersigned hereby applies to American First Credit Union ("AFCU") for a loan under the above vesting. The undersigned is fully aware that the financial capability of the named above will undergo the credit review process to qualify for the loan. All charges and fees incurred during this process, which may include, but are not limited to, any and all credit verifications, administrative expenses, property inspection, appraisal, attorneys, consultants or others in connections with the considering this application ("expenses") will be incurred by the undersigned and will be deducted from the good faith deposit(s). You agree to pay for these expenses even if AFCU declines your loan. In the event the initial deposit is insufficient to cover AFCU expenses, you will be advised of the deficiency owed to AFCU.

The undersigned acknowledges that all signature copies and faxes can be relied upon by American First Credit Union as it would such original signatures. The undersigned further gives permission to American First Credit Union to share information in this loan application with any Federal, State, or other authorities and/or lenders for the purpose of processing this loan application or participation of this loan with another financial institution and authorizes American First Credit Union to verify my (our) identity. The undersigned hereby authorizes American First Credit Union to initial debit entries to the checking account listed above for the scheduled payments or any credit extension, or renewal thereof, arising from this application. The undersigned certifies that any property and/or proceeds from the proposed request will be used by the applicant for commercial purpose only and not for any person, family, or household purposes, and that the proposed request would

constitute a business loan which is exempted from the disclosure requirements of Regulation Z - Truth in Lending Act. The applicant agrees to indemnify and hold lender harmless from any and all claims, loss, or damage resulting or caused by the request being subject to any of the provisions of the Federal Consumers Credit Protection Act (Truth in Lending Act). The undersigned certifies that he/she has full authority to act on behalf of applicant in connection with the above referenced credit request. If the loan does not close after the lender issues a final approval, the balance of the good faith deposit may be retained by the Credit Union.

I authorize American First Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquiries, verification of tax returns with the IRS, credit and banking references, and obtaining and reviewing publicly available applicant information from AI. I certify that the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

I, the undersigned, hereby certify that the information shown on the above financial statement is true and correct to the best of my knowledge and belief.

Further there have been no material or adverse changes to my financial condition since the date indicated on this statement.

I, the undersigned, further certify that the information shown on the rent roll, operating statements, property income and expense statements are true and correct to the best of my knowledge and belief.

Authorized Guarantor Signature (1) (Required)	Title	Date	Applying for Joint Credit? YES ☐ NO ☐
Authorized Guarantor Signature (2) (if applicable)	Title	Date	Applying for Joint Credit? YES ☐ NO ☐
Authorized Guarantor Signature (3) (if applicable)	Title	Date	Applying for Joint Credit? YES ☐ NO ☐

DUPLICATE PAGE AS NEEDED FOR ADDITIONAL GUARANTORS

Business/Organization Share Account Signature Card and Agreement

Membership Eligibility

- ☐ 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
- Select the Account Type** ☐ Totally Free Business Checking ☐ 6 Mo. Business Certificate ☐ Business Savings
☐ Business Interest Checking ☐ 12 Mo. Business Certificate ☐ Share Savings (Memb. Acct)

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

 (Print Name) Secretary/ Treasurer or Partner

Business/Organization Share Account Signature Card and Agreement

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: _____

Description of Power

RESOLVED that they are hereby severally authorized and empowered to:

Indicate Signer

1, 2, 3, or 4

- _____ 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__.

Acknowledgment of Disclosures

Your initials below indicate that you have received the following:

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

Business/Organization Share Account Signature Card and Agreement

Certification of Beneficial Owners

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

Name and Title of Natural Person Opening Account:

a. _____

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

_____ Address: _____ City _____ ST: _____ Zip Code: _____

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-US Persons: Passport # & Country of issuance, or similar ID #	Ownership %

(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)).

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 similar ID number

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)

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