

## **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 & Ter	rm Refinance	Cash-	Out Refi	nance			
			Property I	nformatio	n				
Property Address:			City:		S.	T:	Zip		County:
Property Type:				If "Other," ple	ease desc	cribe:			
Leasehold? Yes No	Is use lega	al and conform	ning? No	HOA?	′es	No		% Оссі	upied
Year Built:	No. Buildings:		No. Floors:		Acre	es:	ļ		Parking Spots:
Gross Sq. Feet:		Number o	f Units:			Pr	roperty Co	ndition:	
	Pri	mary Loa	an Servici	ng Contac	ct Info	rmati	ion		
Name of Primary Contact (for all I		_		Cell Phone:			fice Phone:		Email Address:
Primary Mailing Address (for all lo	oan correspondence	, mortgage sta	atements, etc.):	City:		!		State:	Zip Code:
			Transacti	on Informa	ation				
If the purpose of the loan is to fii  Purchase		lease complet	e the following: Cash D	own:			Pur —	chase Clo	osing Date:
Is seller a friend, relative, or affili	iate of borrower or b	orrower's prin	ncipals or officer	s?				Yes	No
Is this a 1031 exchange?	Yes	No		If "yes", exchai	nge expii	ration da	ate:		
				Name of Acco	omodato	r:			
				Email:				Phone:	
If the purpose of the loan is to fi		lease complet	te the following: Date Ac	quired:			0	riginal Pu	rchase Price:
\$							\$		
Current Loan Balance?	Does refir	nanced Ioan ha \$	ave a prepaymer	nt penalty? OR	%		Yes	No	
Existing Lender(s):									
Cash Out? Yes NO	If "yes", d	escribe use of	proceeds:						
L									

## **Borrower Information**

	В	orrowe	r/Vesting	Entity (1) (Re	equired	)		
Please check one: Limited Liability	Company (	Corporation	ı Partners	ship (LTD or General)	Trust	Oth	er	
Name of Borrower:				Name of Contact (	If different):			
Physical Address (home address if individentity):	idual or place of	business	City:		State:	County:		Zip:
Mailing Address (if different):			City:		State:	County:		Zip:
Home Phone:	Cell Phone:			Office/Work Phone	2:		Email Address:	
SSN (or Tax ID if entity):		Formatio (Entity)	n Date:				Existing America Member?	n First Credit Union
		Place of F	ormation:				Yes	No
	Co-Bo	rrower/	Vesting E	Entity (2) (if ap	pplicabl	e)		
Please check one: Limited Liability		Corporation		ship (LTD or General)			ner	
Name of Borrower:				Name of contact (if	different):			
Physical Address (home address if ind if entity):	ividual or place o	f business	City:		State:	County: Zip:		Zip:
Mailing Address (if different):			City:		State:	County	:	Zip:
Home Phone:	Cell Phone:			Office/Work Phon	e:		Email Address:	
SSN (or Tax ID if entity):		Formatio (Entity)	n Date:				Existing American First Credit Union Member?	
		Place of F	ormation:	Yes No				No
	Co-Bo	rrower	Vesting E	Entity (3) (if a	oplicabl	e)		
Please check one: Limited Liabi	lity Company	Corporat	ion Partn	ership (LTD or Gener	al) Tr	ust O	ther	
Name of Borrower:				Name of contact (if	different):			
Physical Address (home address if individentity):	ridual or place of	business	City:	,	State:	County	:	Zip:
Mailing Address (if different):			City:		State:	County:		Zip:
Home Phone:	Cell Phone:			Office/Work Phone	e:		Email Address:	
SSN (or Tax ID if entity):	•	Formatio (Entity)	n Date:	Existing American F Member?			n First Credit Union	
		Place of F	ormation:				Yes	No
	DUPLICA	TE PAGE	AS NEEDED	FOR ADDITIONA	L BORRO	WERS		



	Borrower/Co-B	orrower In	formatio	n			
Name of Borrower (1):	Name of Borrower (2):			Name of Bo	orrower (3):		
		Borrow	er (1)	Borrowe	r (2)	Borrower	(3)
Do you have any existing or prior commercial loa     If "Yes", how many e	ns? xisting or prior loans?	Yes	No	Yes	No	Yes	No
How many years of experience does (do) the key estate?	principal(s) have in real						
3. How many commercial properties does (do) the	key principal(s) own?						
Does the borrowing entity or any of its affiliates of currently guarantee a bank loan or mortgage for a lf "yes", please attach a page and provide a detailed designment of each of these contingent liabilities.	another person or entity?	Yes	No	Yes	No	Yes	No
5. Has the borrowing entity, principal owners or ar volved in any material lawsuits, judgments or lie erty or an entity having interest in the subject 10?	ns filed against the prop-	Yes	No	Yes	No	Yes	No
6. Has the borrowing entity or any of its principal or bankruptcy, including Chapter 11?	vners filed for	Yes	No	Yes	No	Yes	No
7. Has the borrowing entity or any of its principal or estate through foreclosure preceding or deeded plieu of foreclosure?	•	Yes	No	Yes	No	Yes	No
Has the borrowing entity or any of it's affiliates o     been charged or convicted of a felony?	r principal owners ever	Yes	No	Yes	No	Yes	No
9. Have you incurred a loss in any of the past 3 year	s?	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 ago change the ownership of the business?	reement that would	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, etc. 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

			Gu	arantor (	1) (Required)				
Please check one:	Individual Limited Liabi	lity Company	Corpora Partners	tion ship (LTD or Ge		Trust Other			
Name of Guarantor:				Married Yes No	Name of Contact (if	different):			
Physical Address (home a if entity):	address if indi	vidual or place of	business	City:		State:	County	:	Zip:
Mailing Address (if different	ent):			City:		State:	County	:	Zip:
Home Phone:		Cell Phone:		•	Office/Work Phone	e:		Email Address:	•
SSN (or Tax ID if entity):			Date of B (Individual)	irth	or Formation Date (Entity)	2:		Existing America Member?	n First Credit Union
Driver's License Number: (Individual)			Place of E	Birth	or Place of Format	ion:		Yes	No
			Gua	rantor (2)	(If Applicable	e)			
	Individual Limited Liabil	ity Company	Corporat Partners	ion hip (LTD or Ge		rust Other			
Name of Guarantor:				Married Yes No	Name of Contact (if	different):			
Physical Address (home a if entity):	ddress if indiv	idual or place of			State:	County:		Zip:	
Mailing Address (if differen	ent):			City:	State: County:			:	Zip:
Home Phone:		Cell Phone:		!	Office/Work Phone	<b>:</b>	!	Email Address:	
SSN (or Tax ID if entity):			Date of B	irth	or Formation Date: (Entity)		Existing Americar Member?	First Credit Union	
Driver's License: (Individual)			Place of E	Birth	or Place of Format	Place of Formation: (Entity)			No
			Gua	rantor (3)	) (If Applicable	e)			
	ndividual Limited Liabili	ty Company	Corporati Partnersh	ion iip (LTD or Ger	Tr neral) O	ust ther			
Name of Guarantor:				Married Yes No	Name of Contact (if	different):			
Physical Address (home ad if entity):	ddress if indiv	idual or place of l	ousiness	City:		State:	County	:	Zip:
Mailing Address (if different	ess (if different): City:			State:	County		Zip:		
Home Phone:		Cell Phone:			Office/Work Phone	e:	•	Email Address:	
SSN (or Tax ID if entity):		1	Date of B	irth	or Formation Date: (Entity)			Existing American First Credit Union Member?	
Driver's License: (Individual)			Place of E	Birth	or Place of Format	tion:		Yes	No
DUPLICATE PAGE AS NEEDED FOR ADDITIONAL GUARANTORS									



	Guarantor(s) Information							
Na	nme of Guarantor (1):	Name of Guarantor (	2):		Name o	Name of Guarantor (3):		
							T	
			Guaran	tor (1)	Guaranto	or (2)	Guaran	tor (3)
1.	Do you have any existing or prior commercial loans If "Yes", how many exis		Yes	No	Yes	No	Yes	No
2.	How many years of experience does the guaranton	have in real estate?						
3.	How many commercial properties does the guaran	ntor 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 princ involved in any material lawsuits, judgments or li the property or an entity having interest in the su within the last 10 years?	ens filed against	Yes	No	Yes	No	Yes	No
6.	Has the guarantor or any of its principal owners fi including Chapter 11?	led for bankruptcy,	Yes	No	Yes	No	Yes	No
7.	Has the guarantor or any of its principal owners ending the through foreclosure preceding or deeded property foreclosure?		Yes	No	Yes	No	Yes	No
8.	Has the guarantor or any of it's affiliates or princip been charged or convicted of a felony?	al owners ever	Yes	No	Yes	No	Yes	No
9.	Has the guarantor incurred a loss in any of the pa	st 3 years?	Yes	No	Yes	No	Yes	No
10.	Does the guarantor owe any delinquent state or fe	ederal taxes?	Yes	No	Yes	No	Yes	No
11.	Is the guarantor (if an entity) for sale or under ago would change the ownership of the business?	reement that	Yes	No	Yes	No	Yes	No
12.	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 no the number and a copy of your alien registration of		Yes	No	Yes	No	Yes	No
14.	Has the guarantor (if individual) relocated from o the past 5 years?	ne country to another in	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**



#### 2022 Personal Financial Statement

Complete this form for: (1) each borrower/proprietor, or (2) each manager, limited partner or member who owns 25% or more interest and each general partner, or (3) each stockholder owning 25% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. 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	s)	Liabilities (Omit Cer	nts)			
Checking and Savings (Please propvide 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) Mo. Payments (\$)	\$			
Real Estate (Describe in Section 2)	\$	Installment Account (Other) Mo. Payments (\$)	\$			
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:	\$			
TOTAL ASSETS:	\$	TOTAL NET WORTH (Total Assets minus Total Liabilities):	\$			
Pe	ersonal Financial St	atement (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 mainter	* 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 separa	tely on the attached Scho part of this stater	edule of Real Estate Owned). Each attachment n nent and signed.	nust be identified as			
DUPLICATE PAGE AS NEEDED						



SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_

### **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, etc. 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?
Authorized Guarantor Signature (3) (if applicable)	Title	Date	Applying for Joint Credit?

#### **DUPLICATE PAGE AS NEEDED FOR ADDITIONAL GUARANTORS**



## **Borrower Vesting Information**

Please use this map to outline the organizational structure of the Borrowing Entity. Please complete for each Borrowing Entity.

Note: If the ownership structure does not fit into this chart, please adjust the chart accordingly to provide an organizational chart in similar format and content.

	Borrower/Vesting Entity	
	Entity Name	
	Entity Type	
	LLC Corporation Partnership (Ltd or Genral)	_
	Tax ID#	
	State of Organization Date Entity Formed	
ity /Trust / Individual First & Last Name:	Entity / Trust / Individual First & Last Name: En	tity /Trust / Individual First & Last Name:
ity Type or Role/Title:	Entity Type or Role/Title:	tity Type or Role/Title:
# (if entity) or SSN# (if Individual):	EIN# (if entity) or SSN# (if Individual):	N# (if entity) or SSN# (if Individual):
ate of Origination % of Ownersh ave Blank if Individual)		tate of Origination % of Ownership
ity /Trust / Individual First & Last Name:	Entity / Trust / Individual First & Last Name:	tity /Trust / Individual First & Last Name:
ity Type or Role/Title:	Entity Type or Role/Title:	tity Type or Role/Title:
# (if entity) or SSN# (if Individual):	EIN# (if entity) or SSN# (if Individual):	N# (if entity) or SSN# (if Individual):
ate of Origination % of Ownersh		tate of Origination % of Ownership
ave signik ii marriadary	(LEGUE DIGINA I INDIVIDUAL)	Edve Blank II Individual)
ity /Trust / Individual First & Last Name:	Entity / Trust / Individual First & Last Name:	tity /Trust / Individual First & Last Name:
ity Type or Role/Title:	Entity Type or Role/Title:	tity Type or Role/Title:
# (if entity) or SSN# (if Individual):	EIN# (if entity) or SSN# (if Individual):	N# (if entity) or SSN# (if Individual):
ate of Origination % of Ownersh ave Blank if Individual)		tate of Origination % of Ownership eave Blank if Individual)
	ership, Limited Partnership, Limited Liability Company, Corporations, Shareholder, Trustee, Member, Managing Member, Indiv	ation, etc.
Noie. General Partner, Limited Pa		
I hereby certify that the above ves	ing map accurately reflects the ownership interests of the e	xisting, or to be formed, borrowing entit



Credit Union A	Account No	
Oledit Ollion /	ACCOUNT INC.	

# **Business/Organization Share Account Signature Card and Agreement**

		rship Eligibility			
☐ Authorized Signer / Officer / Ow	ner works for a Select Employer Group		)		
☐ 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 Account Account					
☐ Business Owned/Operated in:					
	IMPORTANT INFORMATION ABOUT P	PROCEDURES FOR OPENING A NEW ACCOU	JNT		
	ou: When you open an account with American First		erify and record information that identifies each person who as, date of birth and other information that will allow us to lents.		
Select the Business Type	Corporation Sole Proprietorship	Limited Liability Company Partnership	(LLC) Not for Profit		
Select the Account Type	Totally Free Business Checking Business Interest Checking	6 Mo. Business Certificate 12 Mo. Business Certificate	=		
Name of Business	Ви	usiness 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 / Ma	naging Partner / Owner		Social Security Number  Home Cell		
Home Address		Tele	phone		
Date of Birth	Mother's Maiden Name Dr	river's License Number / State / Issue & Exp	oiration Date or  Other		
and either (a) is exempt from backup withholding, no longer subject to backup withholding. The FAT	or (b) has never been notified by the IRS that it is subje CA code entered on this form (if any) indicating that the of this agreement except certifications required to avoid	ect to backup withholding due to underreporting of e payee is exempt from FATCA reporting is correct.	ount. The business entity is a U.S. person (including resident alien) dividends or interest, or (c) has been notified by the IRS that it is (FATCA does not apply as this is a US account). I understand		
Print Name	Print Title		d Signature		
	Resolutio	n of Authority			
This business / association is $\Box$	incorporated $\square$ unincorporated; a	nd was organized on	[date] at [location].		
words "US" and "OUR" mean Amer and conditions set forth in this Sign		ablished now or later shall be gover blicable terms and conditions set for	ned by our bylaws as well as by the terms th in the Business Account Agreement and		
certify that at a regularly held meeti the authority vested by the constitu	tion, bylaws, or otherwise, they, or any er whatsoever in connection with this a bived by us	plution, designated as authorized sig one of them, acting ALONE OR SE ccount. You certify that his/her/thei	•		
·	Executed on this	day of	, ZU		
<i>(</i> P	rint Name) President, Executive Office	Signary Partner, or Sole Proprietor	nature		



# **Business/Organization Share Account Signature Card and Agreement**

	Current Authorized Signers / F	Partners / Officers
Name 1:	Title:	
Home Address:		Date of Birth:
Social Security Number:	Driver's License Number / State / Expiration I	Date or Other:
Name 1 Signature:	Date:	
Name 2:	Title:	
Home Address:		Date of Birth:
Social Security Number:	Driver's License Number / State / Expiration I	Date or Other:
Name 2 Signature:	Date:	
Name 3:	Title:	
		Date of Birth:
	Driver's License Number / State / Expiration I	
	·	
Name 3 Signature:	Date:	
Name 4:		
		Date of Birth:
	Driver's License Number / State / Expiration I	
Name 4 Signature:	Date:	
	Description of F	Power
Indicate Signer 1, 2, 3, or 4 Exercise all powers liste Open/close any share a Endorse checks for pay	everally authorized and empowered to:  ed in this resolution accounts in the name of the ment of money or otherwise withdraw or transfer	er funds
1	, 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	d by the	thereof at a meeting of said
h	eld on the day and at the place therein specified	d, and that said resolution has never been revoked, rescinded,
or set aside, and is now in full force and	effect. IN WITNESS WHEREOF, the undersigne	ed has affixed his signature this day of, 20
Acknowledgment of Disclosures Your initials below indicate that you have received the	following:	
All About Your Business Accounts (terms Schedule of Fees and Charges for Accou	•	Date Date
Information on Optional Overdraft Protec	tion Service	



# **Business/Organization Share Account Signature Card and Agreement**

		Certification of Beneficial Own	iers			
Persons opening an acc	count on behalf of	f a legal entity must provide the following	information:			
Name and Title of Natural a.	Person Opening Acc	count:				
a.						
b. Name and Address of Leg	•	<b>5</b> ,				
	Address:	City	ST: Zi	p Code:	-	
		any, who, directly or indirectly, through any contra interests of the legal entity listed above:	act, arrangement, understa	anding, relationship or	r	
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  d. The following information	-	vrite "Not Applicable.") n significant responsibility for managing the legal e	entity listed above, such as	5:		
General Partner, F	President, Vice President	•	cer, Chief Operating Office	er, Managing Membe	r,	
<ul> <li>Any other individu (If appropriate, an</li> </ul>	al who regularly perfo individual listed unde	orms similar functions. er section (c) above may also be listed in this secti	on (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	Passport Num Country of Issu	For Non-U.S. Persons: Passport Number and Country of Issuance or similar ID number	
I,above is complete and corre	'	person opening account), hereby certify, to the bes	st of my knowledge, that th	ne information provide	ed	
-			Oate:			
Legal Entity Identifier		(Optional)				
	Application Approved	By – if applicable (Print Name):	Title:			

