



GENERAL BUSINESS AND NON-PROFIT INFORMATION

Account #: _____

- 1. Business or Non-profit Name: _____
2. Business or Non-profit Address: _____
3. City, State, Zip Code: _____
4. Tax ID Number: _____ Telephone: _____

The Lower East Side People's Federal Credit Union (hereafter "LESPFCU") is authorized to establish a Deposit account for the above-named business or non-profit.

AUTHORIZED SIGNERS FOR DEPOSIT ACCOUNT

Table with 3 columns: Print Name and Title, Signature, ATM (Yes/No). Contains 5 rows of blank lines for entry.

- 1. The above persons are authorized to:
a) Open deposit accounts for this business or non-profit at LESPFCU;
b) Contract for any services offered by LESPFCU, including Automatic Teller Machine (ATM) cards (including debit card capacity), and any electronic and telephone services LESPFCU may provide on an ongoing basis;
c) Deposit currency to the account of this business or non-profit;
d) Sign checks drawn on the accounts of this business or non-profit, and issue stop payment instructions with reference to any checks;
e) Make withdrawals of funds from accounts in the name of this business or non-profit, and to transfer funds between such accounts by any means authorized by LESPFCU, including an ATM card, other electronic or telephone device.

- 2. Any: [check preference] One (1) ___ Two (2) ___ Three (3) ___ of the above signed signatures is/are required to conduct transactions on the account, with the following restrictions/ limitations - if any (i.e. Jane Smith must always be one of the two required signers.)
a) _____
b) _____



Account Resolution
Business or Non-Profit Account

c) _____

Important: Joint signing authority refers to when two or more signatures are required to conduct a transaction on this business/non-profit account. (See below for information and restrictions in cases of joint signing authority)

3. Applicable to Businesses or Non-profits with joint signing authority only.

- a) The Business or Non-profit acknowledges that the above joint signatory designation is a statement of its own internal policy.
- b) The business or non-profit agrees that, while LESPFCU will make every reasonable effort to comply with this limitation, LESPFCU assumes no responsibility for: a withdrawal of cash; the payment of a check, draft or other item drawn on any business/non-profit account; or any withdrawal from any account which is honored and bears only a single authorized signature of one of the individuals designated above.
- c) With joint signing authority, none of the account Signers may receive ATM cards with withdrawal, point-of-sale purchase (debit) or funds transfer capability. They may receive an ATM card with deposit capacity only.

4. In case of changes to the Authorized Signers (below), or changes in business ownership, officers or legal structure (e.g. business incorporation), the Business or Non-profit will notify LESPFCU, and sign a new Account Resolution to replace this form. Any Authorized Signer may rescind her/his authorization as Signer by coming to LESPFCU in person with proper photo ID and signing a form to rescind all rights to the account.

5. LESPFCU is authorized to pay any check, draft or withdrawal order signed by or bearing the facsimile signature(s) of the Authorized Signers if the signature or facsimile signature, regardless of how or by whom affixed, resembles the signature(s) filed with LESPFCU.

We, the undersigned officials, represent and warrant the above.

Print Name and Title	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BENEFICIAL OWNERSHIP CERTIFICATION FORM

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- i. **OWNERSHIP PRONG:** Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- ii. **CONTROL PRONG:** An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Account Number: _____

Legal Entity for Which Account is Being Opened

Legal Entity Name: _____ Legal Entity Address: _____

Business/Organization Type

Legal Entity Customers	Excluded From Definition of Legal Entity Customer
<input type="checkbox"/> General/Limited Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Limited Liability Company	Excluded Legal Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Financial Institution
<input type="checkbox"/> Business Trust created by a filing with a state office	<input type="checkbox"/> Government/Municipal Department/Agency/Authority
<input type="checkbox"/> Other Entity created by a filing with a state office	<input type="checkbox"/> Publicly Traded Company Listed on a Major Exchange
<input type="checkbox"/> Non Profit Entity (Ownership Prong information not required)	<input type="checkbox"/> Subsidiary of Publicly Traded Company Listed on Major Exchange

Determination of Legal Entity Status

This is a Legal Entity Customer. **COMPLETE THIS FORM IN FULL.**

This entity is excluded from the definition of Legal Entity Customer or is an Excluded Legal Entity. **NO FURTHER ACTION IS REQUIRED.**

Persons opening an account on behalf of a Legal Entity must provide the following information:

A. Natural Person Opening Account: Provide the following information for the natural person opening the account.

	Name	Date of Birth	Address (Residential Street Address)	Social Security #	Title	Copy of ID Provided
1						<input type="checkbox"/>

B. Beneficial Owner – OWNERSHIP PRONG: Provide 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.

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security #	For Non-U.S. Persons: Social Security #, Passport # and Country of Issuance*	% of Ownership	Copy of ID Provided
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>

*In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Not Applicable: No individual meets this definition because: No individual owns 25% or more OR This is a Non Profit Entity.

Beneficial Owner Detail: If applicable, use this space to explain any layers of Beneficial Ownership. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

C. Beneficial Owner – CONTROL PRONG: Provide 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., CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs such functions.

(If appropriate, an individual listed under the Ownership Prong section above may also be listed in this section.)

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security #	Title	Copy of ID Provided
1						<input type="checkbox"/>

D. CERTIFICATION

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further agree to notify the financial institution of any change in beneficial ownership information during the period in which the account is outstanding.

Signature:  _____ Date: _____



Unlawful Internet Gambling Enforcement Act Notification

Business Name: _____

Complete Address: _____

Account number: _____

The Lower East Side People's Federal Credit Union is in compliance with the Unlawful Internet Gambling Enforcement Act (Regulation GG). This Act prohibits any person engaged in the business of betting or wagering from knowingly accepting payments in connection with the participation of another person in unlawful Internet gambling.

I, the undersigned, being authorized to act on behalf of the business, certify that this business:

_____ does not operate as an Internet casino or engage in Internet gambling business.

_____ does operate as an Internet casino or engage in Internet gambling business.

Signature

Date