



Business Account

Application for Additional Signer(s)

Account Number: _____ **Account Title:** _____

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW ACCOUNT: To help the government fight financial crime, 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 and 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. What this means for you: when you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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, partnership, and any other similar business entity formed in the United States or a foreign country.

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 foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) 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) 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 Credit Union may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Business Officers/Authorized Signers/Beneficial Owners:

Continued from Membership Application. List in Order of Authority.

Check all that apply:	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Authorized signer	Percentage of Ownership:	%
Official Title					
First		Middle		Last	
Street Address		City		ST	Zip
Home Phone	Office	Mobile		Email	
SSN	DOB	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer	
Occupation		Membership Eligibility		Related to (if applicable)	
Identification Type		ID State/Description		Expiration Date	
Check all that apply:	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Authorized signer	Percentage of Ownership:	%
First		Middle		Last	
Street Address		City		ST	Zip
Home Phone	Office	Mobile		Email	
SSN	DOB	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer	
Occupation		Membership Eligibility		Related to (if applicable)	
Identification Type		ID State/Description		Expiration Date	

Check all that apply:	<input type="checkbox"/> Business Owner/Officer	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Authorized signer	Percentage of Ownership:	%
Official Title					
First		Middle		Last	
Street Address		City		ST	Zip
Home Phone		Office		Mobile	
SSN		DOB		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Occupation		Membership Eligibility	
Related to (if applicable)		ID State/Description		ID Number	
Expiration Date		Identification Type			

AUTHORIZED SIGNER/ ACCOUNT HOLDER INFORMATION – PLEASE READ

I/we hereby make application for membership in and agree to conform to the Bylaws, as amended, of LGE Community Credit Union (the "credit union"). By signing below I/we further certify that: I/we are within the field of membership of this Credit Union; the information provided on this application is true and correct; and my/our written signature(s) or e-signature(s) on this application applies to all accounts under my/our name(s) at the Credit Union. I/we further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened. I/we also agree to be bound to the terms and conditions of any account that I/we have in the Credit Union now or in the future. These include but are not limited to the Business Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

ACCOUNT CHANGE OR TERMINATION: I/we understand and agree that the Credit Union is required to assess our account(s) and account activity pursuant to a number of federal laws and regulations ("laws"); and that such assessments are ongoing. I/we agree to cooperate with such assessments as required by the Credit Union. Further, I/we understand that the Credit Union may not be able to facilitate accounts or services based on such laws or the Credit Union's internal risk profile, assessment, and policies. If at any time the Credit Union determines it is no longer able to offer accounts or services it may terminate such and close all accounts or services it determines it is no longer able to provide; or I/we will make such changes that the Credit Union requires to enable it to do so. The Credit Union's rights under this provision may require immediate actions including termination of services.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Exempt Payee Code () enter code here form W-9 Instructions, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

COMMUNICATIONS CONSENT: If a cell number or text contact (together "contact") is provided, or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling, texting, or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.

By my/our signature(s) below or my/our e-signature, I/We authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

All present and future deposits to the account(s) designated on this application secure payment of any account owner's obligations to the Credit Union. This application authorizes the Credit Union to open future sub-accounts and/or services in the names of the Business, or Account Title listed on this application.

V. Authorized Signers (Print Name)	Date	Signatures	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. CU Representative (Print Name)	Date	Signature	Teller #
_____	_____	_____	_____