

FEDERAL NOTICE ABOUT ACCOUNT OPENING PROCEDURES: 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. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your identifying documents, such as your driver's license.

For business accounts, required documentation depends on your business's form of organization. We require at least one current valid identification for each individual who is a 10% owner or authorized to transact on the business account(s).

UNCLE cannot offer services to the following: (a) businesses engaged in activity that is not legal in all 50 states (e.g., marijuana-related businesses), (b) gambling businesses, (c) money service businesses, or (d) businesses involved in significant activity outside the United States. UNCLE reserves the right to refuse to service to any business whose activity, in our sole judgment, poses an unacceptable level of financial, legal or reputational risk.

BUSINESS MEMBER INFORMATION

Operating Name of Business _____

Business EIN _____

Business Purpose or function of business — List all significant activity(ies) in which your business or unincorporated association is engaged. Please be specific. Examples: "retail sale of clothing and jewelry;"

Physical Address of Business _____

City _____

State _____

Zip _____

Mailing Address of Business (if different from above) _____

City _____

State _____

Zip _____

Telephone Number (_____) _____

E-mail _____

Business Type :

Sole Proprietorship

Limited Partnership

Corporation

General Partnership

Limited Liability Company

Unincorporated Association

Limited Liability Partnership

Legal Name: Does the business operate under your/its legal name? Yes No

If no, provide a copy of your filed Fictitious Business Name statement.

Is any owner of the business or non-owner authorized signer a senior foreign political figure or close associate of a senior foreign political figure? Yes No

ELIGIBILITY FOR UNCLE MEMBERSHIP:

Your business or unincorporated association headquarter or branch office is located in (Alameda, Contra Costa, Stanislaus or San Joaquin) County or at least one natural person who is an owner of your business is an existing member of UNCLE Credit Union.

If so, please provide membership number here _____.

BUSINESS OWNER INFORMATION

Provide the following information about each owner of the business owning more than a 10% interest. Attach an additional sheet if needed. If an owner of the business applying for membership is not a natural person, please speak with a member of the UNCLE Business Services team.

Owner		
Last Name	First Name	MI
Physical Address		
City	State	Zip Code
Date of Birth	Home	Cell
Social Security Number	Occupation	
Employer Name, Address, City and State		
(if other than business requesting membership)		
U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No, citizen of _____		
ID Type	ID No.	
% of Business Owned _____		

Owner		
Last Name	First Name	MI
Physical Address		
City	State	Zip Code
Date of Birth	Home	Cell
Social Security Number	Occupation	
Employer Name, Address, City and State		
(if other than business requesting membership)		
U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No, citizen of _____		
ID Type	ID No.	
% of Business Owned _____		

AUTHORIZED SIGNERS

The following will be authorized signers on accounts established under this Membership, if approved. If a signer is already listed on this application as an owner, provide only the individual's name and signature example below; otherwise provide all requested information. UNCLE Credit Union operates in an automated processing environment and cannot and does not undertake the obligation to monitor compliance with multiple-signature requirements.

Last Name	First Name	MI
Physical Address		
City	State	Zip Code
Date of Birth	Home	Cell
Social Security Number	Occupation	
Employer Name, Address, City and State		
ID Type	ID No.	
Signature Example		

Last Name	First Name	MI
Physical Address		
City	State	Zip Code
Date of Birth	Home	Cell
Social Security Number	Occupation	
Employer Name, Address, City and State		
ID Type	ID No.	
Signature Example		

ALL STATEMENTS AND OTHER ACCOUNT AGREEMENTS AND DISCLOSURES WILL BE PROVIDED ELECTRONICALLY UNLESS (A) YOU DO NOT PROVIDE AN E-MAIL ADDRESS OR (B) YOU INITIAL HERE TO INDICATE THAT YOU WANT PAPER STATEMENTS MAILED TO THE ADDRESS PROVIDED FOR THE BUSINESS: _____

Substitute W-9 (The IRS does not require consent to any term of any agreement with UNCLE CU other than the certifications required to avoid backup withholding. Cross out item 2 if applicant has been notified by the IRS that applicant is currently subject to backup withholding due to failure to report all interest and dividends. UNCLE CU does not collect FATCA codes. For more detailed instructions and information about W-9 certification, ask an UNCLE CU representative or visit www.irs.gov.) **Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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. citizen or other U.S. person (an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S.; an estate [other than a foreign estate]; or a domestic trust [as defined in Internal Revenue Service Regulations section 301.7701-7]); and 4. the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

X _____
Authorized Signature Date

X _____
Authorized Signature Date

CERTIFICATION/RESOLUTION

CERTIFICATION BY SOLE PROPRIETORSHIP/GENERAL PARTNERSHIP/LIMITED PARTNERSHIP/LIMITED PARTNERSHIP/LLC/LLP

By signing below, I/we certify (check one)

- I am the sole owner of the **Sole Proprietorship** requesting and depositing funds to this/these account(s).
- I am the general partner of the **Limited Partnership** requesting and depositing funds to this/these account(s).
- We are all partners of the **General Partnership** (or joint venture) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.
- I/We am/are all of the managers/members of the **Limited Liability Company** (LLC) requesting and depositing funds to this/these accounts(s), or the statement below the signature lines is checked.
- I/We am/are all of the partners of the **Limited Liability Partnership** (LLP) requesting and depositing funds to this/these accounts(s), or the statement below the signature lines is checked. This is not a fiduciary account (such as an attorney-client trust account).

I/we certify under penalty of perjury that I/we have the authority to bind this business to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts. I/we agree on behalf of the named business entity to all terms slated on this card and separate account agreements provided to me/us.

Signature

Title

Signature

Title

- Check here if this business entity's partnership or operating agreement allows less than all partners of general partnership, joint venture, LP or LLP or less than all managers/officers of an LLC to open financial institution accounts and all such partners or managers/officers have signed this certification.

RESOLUTION BY CORPORATION/UNINCORPORATED ASSOCIATION

Resolved that _____ (list the name of each employee) is/are authorized to transact business with UNCLE Credit Union as indicated in the Authorized Signers section of this card. This authorization was approved at a meeting of the directors/officers of _____ (name of entity).

Certification: I certify that: (1) I am the Secretary of this corporation or unincorporated association, (2) the above resolution was adopted by the Directors of the corporation or officers of the unincorporated association at the meeting held on _____, 20_____, and (3) these resolutions remain in effect and have not been modified.

Executed on _____, 20_____, at _____, _____.

(date) (city) (state)

Secretary's Signature

Print Secretary's Name
