



Atlanta Postal Credit Union

3900 Crown Road
Atlanta, GA 30380-0001
(404) 768-4126 • (800) 849-8431
Fax: (404) 669-2750
E-mail: info@apcu.com
Website: www.apcu.com

[] New [] Update Date: _____

BUSINESS ACCOUNT CARD

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER/ACCOUNT OWNER [] UPDATE (describe):

BUSINESS/ORGANIZATION NAME MEMBER/ACCOUNT NUMBER

OTHER TRADE OR D/B/A NAME MEMBERSHIP ELIGIBILITY

STATE ORGANIZED EIN/TIN NATURE OF BUSINESS

TYPE OF BUSINESS/ ORGANIZATION/ENTITY [] C Corporation [] Limited Liability Company (LLC) [] Partnership: [] Trust/Estate
[] S Corporation Select Tax Classification: [] General [] Unincorporated Organization/Association
[] Sole Proprietorship [] C = C Corporation [] Limited [] Other: _____
[] Single Member LLC [] S = S Corporation [] Limited Liability
[] P = Partnership

BUSINESS LICENSE NUMBER ISSUED BY ISSUANCE DATE EXPIRATION DATE

MAILING ADDRESS PHYSICAL ADDRESS

BUSINESS PHONE OTHER PHONE EMAIL ADDRESS

AUTHORIZED PERSON [] UPDATE (describe):

NAME SSN/TIN DATE OF BIRTH

HOME ADDRESS DRIVER'S LICENSE/PERSONAL ID NO. STATE ID ISSUED BY

TITLE /POSITION ID ISSUANCE DATE ID EXPIRATION DATE

OWNERSHIP % (IF ANY) LANDLINE/HOME PHONE CELL PHONE BUSINESS PHONE MOTHER'S MAIDEN NAME

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ACCOUNT TYPE	<input type="checkbox"/> UPDATE (describe): _____
<input type="checkbox"/> SHARE/SAVINGS: _____	<input type="checkbox"/> MONEY MARKET: _____
<input type="checkbox"/> SHARE DRAFT/CHECKING: _____	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> SHARE CERTIFICATE/CERTIFICATE: _____	<input type="checkbox"/> OTHER: _____

ACCOUNT SERVICES	<input type="checkbox"/> UPDATE (describe): _____
<input type="checkbox"/> DEBIT CARD: _____	<input type="checkbox"/> OVERDRAFT SERVICES (indicate transfer priority):
<input type="checkbox"/> ONLINE BANKING: _____	1. _____
<input type="checkbox"/> MOBILE BANKING: _____	2. _____
<input type="checkbox"/> KEY TELLER: _____	3. _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

1. **The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and**
2. **The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and**
3. **The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).**
4. **The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.**

Certification Instructions. Check the box for item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Checking the box serves to strike out the language related to underreporting. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a separate W-8 form is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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CONSENT TO CONTACT

By executing the Business Account Card, the Authorized Person(s) agrees we and/or our third-party providers, including debt collectors, may contact the Authorized Person(s) by telephone or text message at any telephone number associated with this account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to the Authorized Person(s), in order to service the account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. The Authorized Person(s) further agrees methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. The Authorized Person(s) may withdraw the consent to be contacted on their wireless telephone number(s) at any time by providing written notice to us at 3900 Crown Rd., Atlanta, GA 30380-0001, via phone at (800) 849-8431 or by any other reasonable means. If the Authorized Person(s) has provided a wireless telephone number(s) on or in connection with any account, the Authorized Person(s) represents and agrees they are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and has the authority to give this consent. Furthermore, the Authorized Person(s) agrees to notify us of any change to the wireless telephone number(s) which they have provided to us.

In order to help mitigate harm to the Authorized Person(s) and this account, we may contact the Authorized Person(s) on any telephone number associated with the account, including a wireless telephone number (i.e. cell phone number), to deliver any messages related to suspected or actual fraudulent activity on the account, data security breaches or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. The Authorized Person(s) will have an opportunity to opt-out of such communications at the time of delivery.

AUTHORIZATION

By signing or otherwise authenticating, the undersigned, on behalf of the Account Owner, acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, additional documents and disclosures the Credit Union has provided, and to any amendments the Credit Union may make from time to time, which are applicable to the accounts and services requested herein. The undersigned also agree(s) that the information contained on this document is accurate, that any information updates identified on this Business Account Card amend all previously authenticated Business Account Card(s), and that such updates are subject to the terms and conditions of the applicable disclosures noted herein. You authorize us to check your account, credit and employment history, and obtain reports from third parties.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date
X	(Seal)

Signature	Date
X	(Seal)

TITLE:

Signature	Date
X	(Seal)

TITLE:

Signature	Date
X	(Seal)

TITLE:

TITLE:

FOR CREDIT UNION USE ONLY

MEMBERSHIP EFFECTIVE DATE	OPENED/APPROVED BY	MEMBER VERIFICATION
ENTITY FORMATION DOCUMENTS REVIEWED BY		
COPIES OBTAINED		
<input type="checkbox"/> CORPORATE RESOLUTION	<input type="checkbox"/> ARTICLES OF INCORPORATION/ORGANIZATION	<input type="checkbox"/> OPERATING AGREEMENT
<input type="checkbox"/> FINANCIAL STATEMENTS	<input type="checkbox"/> PARTNERSHIP AGREEMENT	<input type="checkbox"/> BYLAWS OR CODE OF REGULATIONS
<input type="checkbox"/> CREDIT REPORT	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> OFAC/SDN LIST CHECKED	DATE CHECKED: _____	CHECKED BY: _____

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

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 members. 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) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (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 member (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.

CONTINUE TO THE FOLLOWING PAGE

CERTIFICATION OF BENEFICIAL OWNER(S)

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

a. Name and Title of Natural Person Opening Account:

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

NAME	TYPE	ADDRESS
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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. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.
 Beneficial Owner Not Applicable
BENEFICIAL OWNER 1

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 2

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 3

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 4

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

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)).

NAME	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as 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.

CERTIFICATION SIGNATURE

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 also agree, on behalf of the Legal Entity identified above, that the Credit Union will be notified of any change in such information.

Signature	Date
X	(Seal)