

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)



Business Debt Schedule

Include the following information on all installment debts, notes, contracts, and mortgages. **Current balance must match the current balance sheet.** Include all capital leases shown on the balance sheet (if any). *Do not include accounts receivable and accounts payable.*

Business Name _____ As of _____

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate %	Maturity Date	Monthly Payment	Collateral	Current or Delinquent
			\$					Current
			\$			\$		Current
			\$			\$		Current
			\$			\$		Current
			\$			\$		Current
			\$			\$		Current
Total Current Balance:			\$ 0.00	Total Monthly Payment:		\$ 0.00		

Borrower Signature

Title

Date



Call Federal Credit Union Business Loan Application



Loan Request Information

Application for:	Type of Request:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Increase/Modification
<input type="checkbox"/> Business Line of Credit	Loan Amount(s):			
<input type="checkbox"/> Term/Equipment Loan	Purpose of Loan:			Collateral:
<input type="checkbox"/> Commercial Real Estate	Term Requested:			
<input type="checkbox"/> Other:				

Business / Applicant Information

Legal Name of Applicant (Borrower):					
DBA (if applicable): (doing business as)				Tax ID Number:	
Principal Place of Business Address (not PO box):					
City:		State:		Zip Code:	
Mailing Address (if different):				Email Address:	
City:		State:		Zip Code:	
Key Contact Name:			Business Telephone:		Business Fax:
Date Business Established:		Current Ownership (# of years):		State of Registration:	Annual Sales (last full year):
Describe Applicant's Product/Service:				Number of Employees:	
Type of Ownership (Select One)					
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> PA <input type="checkbox"/> Trust					

Owner / Guarantor Information

Please be certain to list all owners of the company. Additional guarantors who do not have an ownership in the company may be listed provided their relationship to the company and/or owners is clarified. For more than four owners, please insert additional rows.

Owner - Guarantor 1

Name:		Title:		SSN/TIN:	
Address:		Birth Date:		% Ownership:	0.00%

Owner - Guarantor 2

Name:		Title:		SSN/TIN:	
Address:		Birth Date:		% Ownership:	0.00%

Owner - Guarantor 3

Name:		Title:		SSN/TIN:	
Address:		Birth Date:		% Ownership:	0.00%

Owner - Guarantor 4

Name:		Title:		SSN/TIN:	
Address:		Birth Date:		% Ownership:	0.00%

Call Federal Credit Union Business Loan Application



Credit Union / Banking Relationships

Please list only your business accounts

Credit Union or Bank	Account Number	Business		
		Checking	Savings	Loan*

Other Information

Property/Casualty Insurance Company/Agent:		Insurance Agent Telephone:	
Accounting Firm/Accountant/Bookkeeper:		Acct/Book Telephone:	
Business Attorney:		Attorney Telephone:	

If you answer yes to any of the following questions below, please provide details on a separate sheet.

Does any customer or supplier currently account for more than 20% of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever declared bankruptcy or had any judgments, repossessions, garnishments, or other legal proceedings filed against them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever obtained credit under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any tax obligations, including payroll or real estate taxes, past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant liable on debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant currently a defendant in any suit or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification and Signatures

I (we) hereby affirm that the foregoing information contained in this member business loan application, and additional information provided in support of this application, is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application. I understand Call Federal Credit Union (CFCU) is relying on this application in making loan(s) to me (us). CFCU or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by the credit union for that purpose now and in the future. CFCU may disclose to any other interested parties the credit union's experience with this account. I (we) authorize CFCU to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. I (we) understand that CFCU will rely on the information to make its decision. If I (we) request, the credit union will share the name and address of any credit bureau agency from which it received a credit report on me (us). I (we) understand that CFCU will retain this member business loan application whether or not credit is granted. I (we) agree to inform CFCU immediately of any matter which will cause any material change to my (our) financial condition. The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. FEES: I (we) agree to pay any fees charged by CFCU for processing this application and other related expenses whether the application is approved or denied. I (we) promise that the credit being applied for is for a business purpose. TAXPAYER AUTHORIZATION AND CONSENT: I (we) understand, acknowledge, and agree that the CFCU, its affiliates, agents, and service providers, and if applicable, any other Loan Participants can obtain, use and share tax return information for the purposes of providing an offer; originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan.

Signature (Owner/Guarantor)	Print Name	Title	Date
Signature (Owner/Guarantor)	Print Name	Title	Date
Signature (Owner/Guarantor)	Print Name	Title	Date

Statement of Joint Intent

Regulation B and the Equal Credit Opportunity Act requires that a lender obtain evidence of each loan applicant's intent to apply for joint credit before a credit decision can be made. Failure to complete when required will render the application/request for credit incomplete.

I (we) intend to apply for joint credit (Applicant 1 & Applicant 2).

I (we) do not intend to apply for joint credit (Applicant 1 only).



PERSONAL FINANCIAL STATEMENTS FOR LOANS LESS THAN \$50,000

APPLICANT 1: _____

APPLICANT 2: _____

ASSETS HELD JOINTLY? (Y/N) _____

IF NO, PLEASE COMPLETE A SEPARATE PERSONAL FINANCIAL STATEMENT FOR ADDITIONAL APPLICANTS

ASSETS		VALUE	LIABILITIES		BALANCE
Cash	Credit Union		Term Notes/Loans (Not RE)	Credit Union	
	Other			Other	
Stock & Bonds	Marketable		Insurance Loans		
	Other				
Tax	Refund Due		Taxes Due	Taxes Payable	
Insurance	Cash Value		Accounts & Bills Payable	Credit Cards	
				Open/Revolving	
Notes Receivable	A/R & N/R			Other	
Real Estate	Residence		Real Estate Note & Contracts Payable	Residence	
	Income Prop.			Income Prop.	
	Unimproved			Unimproved	
	Other			Other	
Other Assets	Autos/RVs		Other Liabilities	Other/Personal	
	Equipment				
	Boats				
	Personal				
Total Assets		0	Total Liabilities		0
			Net Worth (Assets – Liabilities)		

Monthly rent or mortgage payment amount: \$ _____

SIGNATURES	
<p>I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand CALL FEDERAL CREDIT UNION (CREDIT UNION) is relying on this statement of my financial condition in making loan(s) to me. CALL FEDERAL CREDIT UNION or its designee is authorized to make any investigation of my credit or employment status either directly or through any agency employed by CALL FEDERAL CREDIT UNION for the purpose now and in the future. I agree to inform CALL FEDERAL CREDIT UNION immediately of any matter which will cause any material change to my financial condition. I understand that CALL FEDERAL CREDIT UNION will retain this financial statement whether or not credit is granted.</p>	
Applicant's Signature: _____	Date: _____
Co-Applicant's Signature: _____	Date: _____
<p>Consent (If you are relying on income from a person who is not an applicant above, please have that person complete this section so we can verify their credit.)</p> <p>I authorize CREDIT UNION to make any investigation of my credit either directly or through any agency employed by CREDIT UNION for that purpose in connection with credit application now and in the future.</p>	
Signature: _____	Date: _____
Social Security Number: _____	



call federal

REAL ESTATE SCHEDULE

BORROWER: _____

DATE: _____

		REAL ESTATE DESCRIPTION (Residence, Land, Income Property)									
No.	Type	Location	% Owned	Date Purchased	Acquisition Cost	Lien Holder	Annual Taxes	Monthly Income	Monthly Payment	Present Value	Balance Owed
1											
2											
3											
4											
5											
6											
TOTALS											