

## Business Services Membership Application—Legal Entities (Partnerships, Corporations, & LLCs)

*(Instructions and General Information)*

**Note:** For fastest processing, please review and follow all instructions. Your Business Membership WILL NOT be opened without ALL required and completed documentation. Incomplete Business Membership Applications will be declined after 30 days.

### Membership Eligibility

- For business membership eligibility, all Primary Owner(s) of the Legal Business Entity must have an existing Navy Federal Membership. The existing Navy Federal Membership Access Number(s) must be provided in the Business Membership Application.
  - A \$5 (minimum) Business Membership Savings must be opened to establish Navy Federal Business Membership in the name of the Legal Business Entity.
  - Navy Federal requires a minimum of \$100 to establish a new business membership. This deposit must be available in the Owner's (or one of the Primary Owner's) existing Navy Federal Savings or Checking Accounts.
- This minimum deposit requirement will be transferred (along with the \$5 membership share purchase deposit) to the Business Membership Savings Account upon approval of the Business Membership Application.
- All Navy Federal accounts (personal or business) held by Primary Owner(s) must be in good standing (with Navy Federal) to open a business membership.
  - Primary Owner titles may include (but are not limited to): Owner, Manager, Director, Partner, Member, Principal, President, CEO, or Corporate Officer.

### How to Establish Membership

- Branch: Visit a local branch to open your account.
- Online: Visit the Business Membership Page on Navy Federal Online ([sdu.navyfederal.org/bus](https://sdu.navyfederal.org/bus)) and access the link for the Secured Document Upload (SDU) to submit the Business Membership Application and required business entity documentation.

### Required Business Entity Documentation

- Page 1 of the Business Membership Application contains the listing of required business entity documentation for each legal structure.
- Navy Federal recognizes that various U.S. States, Counties, and/or Local Municipalities may have variations specific to the titles of specific Business Entity documentation. These documents will be acceptable if found to be reasonably comparable to Navy Federal's documentation requirements.
- For Partnerships, please provide the complete Partnership Agreement.
- A Certificate of Good Standing is required for all LLCs or Corporations who have been in existence for greater than 12 months.
- Please provide **only** the pages of the Articles that contain the Business Name, State Filed, Date Filed, and List of Owner(s)/Director(s)/Managing Member(s). A copy of the e-filed Articles is acceptable.

### Authorized Signers

- Authorized signers are allowed access to the following accounts:
  - Basic checking: Only two (2) total signers allowed
  - Plus and Premium checking: Unlimited signers
- The business owners are automatically included as authorized signers. Only the business owner(s) are allowed to add or remove signers from business accounts.
- Please ensure all signatures are provided and appropriate documentation is included.
- As with primary owners, ALL personal accounts of authorized signers (if any) must be in good standing. If not, the Authorized Signer will not be added.
- Authorized Signers do not need to be in Navy Federal's Field of Membership.

**PLEASE NOTE:** Navy Federal limits the membership of Non-Profit entities to those that provide a direct benefit or support to the U.S. Military (Active Duty or former Active Duty). Non-Profits established for any other purpose are not eligible for Business Membership at Navy Federal.

Navy Federal reserves the right to refuse membership to business entities classified as "High-Risk" in accordance with the Bank Secrecy Act (BSA). This may include, but is not limited to:

- financial, investment, or credit service providers (including money services businesses and tax preparation services)
- IP infringement, regulated, or illegal products (internet gambling providers, marijuana-related services, and online tobacco or pharmacies)
- unfair, predatory, or deceptive practices
- other high-risk products or services (travel agencies or other travel-related services, membership clubs, and multi-level marketing programs)

**PLEASE NOTE:** Navy Federal periodically scans all business members and associated accounts. If prohibited high-risk deposit or unsatisfactory account handling transactions are detected, the credit union will review the account for immediate account restriction and/or closure.

# Business Services Membership Application—Legal Entities

Navy Federal reserves the right to request additional identification.

Misplace your EIN? Go to [www.IRS.gov](http://www.IRS.gov) and search "Misplace your EIN" or call 800.829.4933.

| For Office Use Only |                      |
|---------------------|----------------------|
| Business Access No. | <input type="text"/> |

|  |                    |                                      |          |
|--|--------------------|--------------------------------------|----------|
| <b>Business Information</b> <i>Please include appropriate proof of existence of your Business when mailing or bring it in with you when opening account at branch.</i> |                    |                                      |          |
| Name of Business   |                    | Business Tax ID No.                  |          |
| DBA Name (If applicable)   | Business Phone No. | Alternate Phone No.                  |          |
| Physical Address of Business: Street<br><i>(Cannot be a post office box)</i>   | City               | State                                | Zip Code |
| Mailing Address of Business: Street<br><i>(If different from above address)</i>  | City               | State                                | Zip Code |
| List All Additional Locations of Business: Street<br><i>(If any)</i>   | City               | State                                | Zip Code |
| Email Address <i>(Required for online access)</i>  | Website Address    | Date Business Established (MM/DD/YY) |          |

|  |  |   |   |
|--|--|---|---|
| <b>Type of Business</b> <i>Legal Structure of the Business. Additional documentation may be required.</i>  |  |   |   |
| <b>Legal Structure of Business</b>   |  |   |   |
| <b>Partnership*</b>  | <b>Corporation</b>   | <b>Single-Member Limited Liability Company (LLC)</b>  | <b>Multi-Member Limited Liability Company (LLC)</b>   |
| <b>Required</b>  | <b>Required</b>  | <b>Required</b>   | <b>Required</b>   |
| <input type="checkbox"/> Partnership Agreement<br>(OR Limited Partnership Agreement)<br><input type="checkbox"/> IRS EIN Letter<br><b>If Doing Business As (DBA)</b><br><input type="checkbox"/> Fictitious Name Certificate<br>(OR Certificate of Assumed Name) | <input type="checkbox"/> Authority to Obtain Financial Institution Services<br><input type="checkbox"/> Articles of Incorporation**<br><input type="checkbox"/> Certificate of Good Standing<br><input type="checkbox"/> IRS EIN Letter<br><b>If Doing Business As (DBA)</b><br><input type="checkbox"/> Fictitious Name Certificate<br>(OR Certificate of Assumed Name) | <input type="checkbox"/> Articles of Organization**<br><input type="checkbox"/> Certificate of Good Standing<br><input type="checkbox"/> IRS EIN Letter (Not required if operating as a "Disregarded Entity" and using personal SSN)<br><b>If Doing Business As (DBA)</b><br><input type="checkbox"/> Fictitious Name Certificate<br>(OR Certificate of Assumed Name)<br><input type="checkbox"/> <b>501(c)(3) Non-Profit Organization</b> (U.S. Military Support Organization) | <input type="checkbox"/> Authority to Obtain Financial Institution Services<br><input type="checkbox"/> Articles of Organization**<br><input type="checkbox"/> Certificate of Good Standing<br><input type="checkbox"/> IRS EIN Letter<br><b>If Doing Business As (DBA)</b><br><input type="checkbox"/> Fictitious Name Certificate<br>(OR Certificate of Assumed Name) |
| *Applies to Limited Partnership (LP), Limited Liability Partnership (LLP), and Professional Limited Liability Partnership (PLLP)<br>**Full document not required. Please see cover page for more information.  |  |   |   |

**NOTE:** Navy Federal Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities who conduct transactions involving internet gambling and/or money services businesses. Refer to the Disclosure and Agreement on the last page of this Membership Application for examples of these types of restricted entities/transactions.

|   |  |
|---|--|
| <b>Business Details</b> <i>Required information. Entire section must be completed or account may be restricted.</i>   |  |
| Is your Business any of the following? <i>(Check all that apply.)</i>   |  |
| <input type="checkbox"/> Finance & Insurance<br><input type="checkbox"/> Money Services Business (MSB)<br><input type="checkbox"/> Legal Service Provider<br><input type="checkbox"/> Real Estate<br><input type="checkbox"/> Privately Owned ATM   | <input type="checkbox"/> Food Services<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Vending Machine Operator  |
| <input type="checkbox"/> Retail<br><input type="checkbox"/> Consulting<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Administrative Services<br><input type="checkbox"/> Charity or Non-Governmental Organization (NGO)  | <input type="checkbox"/> Transportation<br><input type="checkbox"/> Parking Garage<br><input type="checkbox"/> Cigarette Distributor<br><input type="checkbox"/> Internet Gambling<br><input type="checkbox"/> Other _____ |
| Describe the nature of your Business <i>(Actual goods sold or service(s) provided)</i>  | NAICS code   |
| Estimated annual sales/revenue  |  |
| <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$3,000,000 <input type="checkbox"/> Greater than \$3,000,000   |  |
| Anticipated monthly transaction amount  |  |
| <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Checks \$ _____ <input type="checkbox"/> ACH Domestic \$ _____ <input type="checkbox"/> ACH Foreign \$ _____<br><input type="checkbox"/> Wire Domestic \$ _____ <input type="checkbox"/> Wire Foreign \$ _____ <input type="checkbox"/> Debit/Credit Cards \$ _____ |  |
| Business' primary trade area <i>(Check all that apply.)</i>   | Do you have accounts for this Business with an institution other than Navy Federal?  |
| <input type="checkbox"/> Local Community <input type="checkbox"/> Statewide <input type="checkbox"/> Domestic U.S. <input type="checkbox"/> International   | <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where? _____   |
| Purpose/type of transactions for which your Navy Federal account will be used:  | Is the internet a major source of revenue for your Business? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <input type="checkbox"/> Operating/General Purpose <input type="checkbox"/> Escrow Management <input type="checkbox"/> Savings/Investment   | How many employees do you have? _____  |

|  |  |   |
|--|--|---|
| <b>Business Products and Services</b> <i>Please indicate the account(s) you are interested in establishing. Please note that fees may apply to the Basic, Plus, and Premium checking accounts. Refer to the Business Services Schedule of Fees and Charges for more information.</i> |  |   |
| <input type="checkbox"/> Membership Savings Account*<br><input type="checkbox"/> Savings Account   | <input type="checkbox"/> Basic Checking <i>(owner and 1 signer allowed)</i><br><input type="checkbox"/> Plus Checking <i>(unlimited signers)**</i> | <input type="checkbox"/> Premium Checking <i>(unlimited signers)**</i><br><input type="checkbox"/> Money Market Savings Account |
| *A Membership Savings Account (with minimum deposit of \$5) is <b>required</b> for all Partnerships, LLCs, and Corporations.<br>**Monthly fees apply.  |  |   |

|   |  |
|---|--|
| <b>Funding Requirement for New Business Memberships</b>                           |  |
| Deposit Amount <i>(Minimum \$100)</i>   | Navy Federal Account Number <i>(Where deposit is being transferred from)</i> |
| Name of Owner <i>(Of the account where the deposit is being transferred from)</i> |  |

|  |  |   |   |                                |
|--|--|---|---|--------------------------------|
| <b>Business Credit Products</b> <i>I am interested in the product(s) below and would like to be contacted by a Business Development Officer.</i> |  |   |   |                                |
| <input type="checkbox"/> Business Credit Card  | <input type="checkbox"/> Business Vehicle Loan | <input type="checkbox"/> Line of Credit | <input type="checkbox"/> Commercial Real Estate | <input type="checkbox"/> Other |

|  |                  |                  |                       |                          |  |                           |
|--|------------------|------------------|-----------------------|--------------------------|--|---------------------------|
| <b>Owner 1</b> <i>Navy Federal requires one individual be named who will have the authority to make changes to the Membership (e.g., change address, email, open account).</i> |                  |                  |                       |                          |  |                           |
| Name: First  | MI               | Last             | Suffix                | Date of Birth (MM/DD/YY) | Social Security No.  | Percentage of Ownership % |
| Access No.*  |                  |                  |                       |                          | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| Driver's License or Government ID No. or State ID No.  |                  |                  | Expiration (MM/DD/YY) |                          | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |                           |
| ID No.   | State            |                  |                       |                          |  |                           |
| Home Phone No.   | Mobile Phone No. | Office Phone No. |                       | Extension                |  |                           |
| Would you like to have your name on the account(s)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |                  |                       |                          |  |                           |

|   |                  |                  |                       |                          |  |                           |
|---|------------------|------------------|-----------------------|--------------------------|--|---------------------------|
| <b>Owner 2</b>  |                  |                  |                       |                          |  |                           |
| Name: First   | MI               | Last             | Suffix                | Date of Birth (MM/DD/YY) | Social Security No.  | Percentage of Ownership % |
| Access No.*   |                  |                  |                       |                          | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| Driver's License or Government ID No. or State ID No.   |                  |                  | Expiration (MM/DD/YY) |                          | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |                           |
| ID No.  | State            |                  |                       |                          |  |                           |
| Home Phone No.  | Mobile Phone No. | Office Phone No. |                       | Extension                |  |                           |
| Would you like to have your name on the account(s)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                  |                       |                          |  |                           |

|   |                  |                  |                       |                          |  |                           |
|---|------------------|------------------|-----------------------|--------------------------|--|---------------------------|
| <b>Owner 3</b>  |                  |                  |                       |                          |  |                           |
| Name: First   | MI               | Last             | Suffix                | Date of Birth (MM/DD/YY) | Social Security No.  | Percentage of Ownership % |
| Access No.*   |                  |                  |                       |                          | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| Driver's License or Government ID No. or State ID No.   |                  |                  | Expiration (MM/DD/YY) |                          | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |                           |
| ID No.  | State            |                  |                       |                          |  |                           |
| Home Phone No.  | Mobile Phone No. | Office Phone No. |                       | Extension                |  |                           |
| Would you like to have your name on the account(s)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                  |                       |                          |  |                           |

*\*Navy Federal membership is required as a condition of applying for Business Membership.*



***In addition to the Business Owner, the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by Navy Federal to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. A Business Owner is the only individual entitled to add and delete Authorized Signers. (Check the appropriate box to indicate if the Authorized Signer is also a current member.)***

| <b>Authorized Signer 1</b> |  |                         |                  |  |   |
|----------------------------|--|-------------------------|------------------|--|---|
| Signer: First              |  | MI                      | Last             |  | Suffix  |
| Social Security No.        | Current Member<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give Access No. |                  | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Date of Birth (MM/DD/YY)   | Driver's License or Government ID No. or State ID No.<br>ID No.            |                         | State            | Expiration (MM/DD/YY)  | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone No.             |  | Mobile Phone No.        | Office Phone No. |  | Extension   |

| <b>Authorized Signer 2</b> |  |                         |                  |  |   |
|----------------------------|--|-------------------------|------------------|--|---|
| Signer: First              |  | MI                      | Last             |  | Suffix  |
| Social Security No.        | Current Member<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give Access No. |                  | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Date of Birth (MM/DD/YY)   | Driver's License or Government ID No. or State ID No.<br>ID No.            |                         | State            | Expiration (MM/DD/YY)  | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone No.             |  | Mobile Phone No.        | Office Phone No. |  | Extension   |

| <b>Authorized Signer 3</b> |  |                         |                  |  |   |
|----------------------------|--|-------------------------|------------------|--|---|
| Signer: First              |  | MI                      | Last             |  | Suffix  |
| Social Security No.        | Current Member<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give Access No. |                  | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Date of Birth (MM/DD/YY)   | Driver's License or Government ID No. or State ID No.<br>ID No.            |                         | State            | Expiration (MM/DD/YY)  | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone No.             |  | Mobile Phone No.        | Office Phone No. |  | Extension   |

| <b>Authorized Signer 4</b> |  |                         |                  |  |   |
|----------------------------|--|-------------------------|------------------|--|---|
| Signer: First              |  | MI                      | Last             |  | Suffix  |
| Social Security No.        | Current Member<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give Access No. |                  | Issue Business Check Card?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Date of Birth (MM/DD/YY)   | Driver's License or Government ID No. or State ID No.<br>ID No.            |                         | State            | Expiration (MM/DD/YY)  | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone No.             |  | Mobile Phone No.        | Office Phone No. |  | Extension   |

*(If not a current member, copy of valid Government-issued ID required.)*

**Disclosure and Agreement**

I (We) understand that this Agreement is not valid without my (our) signature(s). The words “we,” “our,” or “your” refer to either the Business Owner or the business entity.

I understand that Navy Federal requires a \$100 minimum new business membership deposit. I (We) confirm that I (we) have received and agree with the Business Disclosure Packet.

I (We) certify that I (we) do not participate in any Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG. I (We) further agree that such transactions are prohibited from being processed through the Navy Federal business account or any relationship with Navy Federal.

I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or Exchanger, Check Cashier, Issuer of Traveler’s Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler’s Checks, Seller or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and U.S. Postal Service.

I (We) further understand that Navy Federal reserves the right to deny or restrict any high-risk deposit entities conducting internet gambling or MSB transactions, and Navy Federal may block or otherwise prevent such transactions and may close our business account and end the financial relationship if such transactions are detected. I (We) also understand that if I (we) should decide to expand our business entity to include any of these prohibited transactions, I (we) will notify Navy Federal in advance of such change.

Membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, I (we) agree to abide by the properly disclosed terms and conditions of all business accounts and services that I (we) may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I (We) agree to accept communications from Navy Federal, including account statements, at the mailing address I (we) have provided in the “Business Information” section of this application, unless I (we) instruct Navy Federal otherwise in writing. I (We) also agree to notify Navy Federal of any change to this address.

To help 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. *What this means for you:* When you open an account, we will ask you for your name(s), address(es), date(s) of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license(s) or other identifying documents.

Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences.

Navy Federal reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in Business Details.

*By signing below, I (we) agree that I (we) have received all disclosures contained in this Account Application Packet. I (We) also certify that I (we) do not participate in any Internet Gambling Services or MSB transactions.*

|                        |              |                 |
|------------------------|--------------|-----------------|
| Owner 1 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |
| Owner 2 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |
| Owner 3 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |

|                                    |              |                 |
|------------------------------------|--------------|-----------------|
| Authorized Signer 1 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |
| Authorized Signer 2 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |
| Authorized Signer 3 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |
| Authorized Signer 4 Signature<br>▶ | Printed Name | Date (MM/DD/YY) |

**Corporation or Limited Liability Company Information**

**Please complete company name, date, and sign below.**

|              |
|--------------|
| Company Name |
|--------------|

Resolved, that the funds of Company are hereby authorized to be paid into the account(s) identified on the Account Application delivered to Navy Federal by the Company, and Navy Federal is hereby authorized to pay withdrawals signed in the name of the Company by any person whose signature appears as an Authorized Signer. Navy Federal further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Company, which shall be executed in the name of the Company by any of the signatories. Navy Federal is authorized to supply any endorsement for the Company and any signatory on any check or other instrument tendered for said account(s), it is hereby relieved of any liability in connection with the collection of such items that are handled by Navy Federal without negligence, and it shall not be liable for the acts of its agents, subagents, or others or

for any casualty. Withdrawals may not be made on account of such items until collected, any amount not collected may be charged back to said account(s), including expenses incurred, and any other outside expenses relative to said account(s) may be charged to the Company. The Authorized Signatories are identified on this Account Application. I certify that I am the duly elected, qualified, and acting Secretary or Managing Member as the case may be of the above named Company, that the foregoing is a true and correct copy of a resolution adopted by the Company at a regular or duly called special meeting at which a quorum was present, that said resolution is recorded in its minutes, that the Company is authorized to take such action, and that the signatures contained in this document are the true signatures of the persons authorized to sign as indicated in connection with said account(s).

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| This the _____ day of _____, 20 _____ | Signature of One Primary Owner<br>▶ |
|---------------------------------------|-------------------------------------|



Business Services

## Authority to Obtain Financial Institution Services

**To Applicant:** NFCU requires the authorization of either all primary business owners or of the duly elected corporate secretary authorized to act on their behalf in order to act on an application for membership. Please use this form if you do not have an existing resolution to provide.

WHEREAS \_\_\_\_\_ wishes to obtain financial services from Navy Federal Credit Union  
(Business Entity Name)

(NFCU), which may include, but is not limited to, access to routine banking services, savings products, checking products, wire transfer services, electronic banking, automated clearing house activity, and debit card access.

FURTHER, it is resolved that any Primary Owner or Authorized Signer is authorized to act individually or in concert with others on behalf of the business for the purposes of providing the information required by the financial institution to open the account such as business name, EIN, address, and officers; naming others who will have access to the account; and authorizing transactions of any kind to or from this account, provided appropriate identification is obtained.

It will be the responsibility of the business owners, each of whom has signed below (or on whose behalf the duly elected and qualified corporate Secretary has signed below), to ensure activity on the account is monitored, with the understanding that unless named on the business account, they will not have access to account information directly from the financial institution.

Sign in either section I or II below.

### I. Signature of all Primary Business Owners:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### II. Signature of Secretary:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date