



AMERICA'S CHRISTIAN
CREDIT UNION

SUPERSEDURE CHECKLIST

Church/Business Account Updates

Documentation:

- Return completed & signed original Ministry/Business Account Agreement.
- Current Signers/Info Only **MUST** sign again to remain on the account.
- Return completed & signed Certification Regarding Beneficial Owners of Legal Entity Members.
- Return completed & signed profile for each new Signer/Info Only.
- Provide a **legible** Driver's License or state issued ID copy for all new Signers or "Info Only" persons conducting banking business on behalf of your organization.
- Provide a signed copy, by the Board Secretary, of the most recent **Board Meeting Minutes or letterhead**, showing all new account Signers/Info Only are approved to be on account.

*Please do not use White Out - forms with White Out will not be accepted.

A faxed or e-mailed copy of above items can be accepted to get update process started. However, we do **need the original signature card with authentic signatures**. Please mail the original account agreement to:

America's Christian Credit Union
ATTN: Corporate Relations
P.O. Box 5100
Glendora, CA 91740

MINISTRY/CHURCH/BUSINESS ACCOUNT AGREEMENT/ SUPERSEDURE



Member # _____ Taxpayer ID/EIN# _____ Primary Email: _____

Ministry/Church/Business Name _____

Physical Address _____

Mailing Address (if different) _____

Church/Business Phone _____ Fax _____

Contact Information

Pastor/President _____ Home Phone _____ Cell Phone _____

Home Address _____ Email _____

Treasurer _____ Home Phone _____ Cell Phone _____

Home Address _____ Email _____

Secretary _____ Home Phone _____ Cell Phone _____

Home Address _____ Email _____

Select your Accounts New Change Update All Accounts

Savings (\$100 min) Acct # _____ Checking Acct # _____ Term Share Certificate (min \$1,000) Term _____ Acct # _____

Money Market (min \$2,500) Acct # _____ Money Market Plus (min \$25,000) Acct # _____

Account Signer(s)/Information Only (please print) (church accounts minimum two signers)

#1 Name (Print) _____	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Info only	Date Of Birth _____	<input type="checkbox"/> ATM/Debit
#2 Name (Print) _____	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Info only	Date Of Birth _____	<input type="checkbox"/> ATM/Debit
#3 Name (Print) _____	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Info only	Date Of Birth _____	<input type="checkbox"/> ATM/Debit
#4 Name (Print) _____	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Info only	Date Of Birth _____	<input type="checkbox"/> ATM/Debit
#5 Name (Print) _____	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Info only	Date Of Birth _____	<input type="checkbox"/> ATM/Debit
#6 Name (Print) _____	<input checked="" type="checkbox"/> Authorized Signer	<input type="checkbox"/> Info only	Date Of Birth _____	<input type="checkbox"/> ATM/Debit

Agreement and Authorization, Terms and Conditions

- Opening or changing an account. I/We request that ACCU open the account(s) or make the change(s) described above. I/We acknowledge receipt of the following disclosures. Important Account Information for our Members: Terms and conditions, Electronic transfers, Funds Availability, and Truth in Savings, Electronic Records Disclosure and Agreement, and Privacy Policy Disclosure to Members. These disclosures are incorporated herein by reference and by which this account is governed. I/We acknowledge and agree that all accounts at ACCU are subject to any and all rules, regulations, bylaws and policies of the Credit Union and its Board of Directors now in effect and as amended or adopted hereafter. Multiple signatures indicate this is a joint account with Right of Survivorship. I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account or the fitness of the account or agreement for any particular purpose.
- Tax Reporting. Name and social security number on line 1 will be used for tax reporting.**
- Credit History. I/We authorize ACCU to check my/our credit and employment history, to obtain credit reports, and to answer questions about my/our credit experience with ACCU.
- ATM/Debit VISA Debit Card. If I/we have placed a checkmark in the box next to "ATM/Debit" or "ATM only" adjacent to our name(s) above, by our signature(s) below, I/we apply for and request ACCU issue an ACCU ATM/Debit or ATM only card. If a card is issued to me/us, by using the card, I/we acknowledge receipt of and agree to be bound by the Credit Union's Electronic Funds Transfer Agreement and Disclosures which govern the use of the card(s).
- Security Interest. I/We acknowledge and agree that, as condition for the issuance of an ACCU ATM/Debit or ATM only card, I/we grant ACCU a security interest in the shares and deposits in all joint and single party accounts, as described in the Terms and Conditions, in which we have interest.
- Overdraft Protection. Subject to the provisions of the Terms and Conditions, if any action is taken with regard to my/our checking account results in the account becoming overdrawn, I/we authorize ACCU to make a transfer from the following account, in the order specified, together with any related fees: 1. _____ 2. _____ 3. _____ 4. _____
- POD (Payable on Death). I/We agree that the person(s) named below is/are designated as POD payee(s). On the death of the last of us to survive, ownership of the account passes to the POD payee(s). I/We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in the account, the validity of any POD designation, or the fitness of this account or agreement for any particular purpose.

Signatures

By signing below, the undersigned has applied for the accounts & services listed above with the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the terms on the Application apply to all accounts held by the undersigned at this credit union. By signing below, the undersigned acknowledges receipt of the named disclosures and the Terms and Conditions that apply to any approved account.

#1 Signature _____ Date _____
 #2 Signature _____ Date _____
 #3 Signature _____ Date _____
 #4 Signature _____ Date _____
 #5 Signature _____ Date _____
 #6 Signature _____ Date _____



This area for credit union use only.

Approved By _____
 Date _____
 Title _____



CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

I. GENERAL INSTRUCTIONS

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

(i) 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); **and**

(ii) 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).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (ii), 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 (ii), you must provide the identifying information of one individual under section (i).

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 (i)), and up to five individuals (i.e., one individual under section (i) and four 25 percent equity holders under section (ii)). 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.

II. 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) _____

b. *Name and Address of Legal Entity for Which the Account is Being Opened:*

c. 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 (d) above may also be listed in this section (c)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number

For Profit Entities (Non-Profit may skip to section ‘e’ below):

d. 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 write “**Not Applicable.**”)

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number

e. I, _____ (**name of natural person opening account**), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

1 In lieu of a passport number, foreign persons may also provide 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.

Legal Entity Identifier _____ (Optional)



CORPORATE/ MINISTRY PERSONAL PROFILE

IMPORTANT INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Personal Information (A photocopy of your driver's license is required)

Name _____ Social Security/TIN # _____ DOB _____ / _____ / _____
 Primary Phone (_____) _____ Cell Home Work Secondary Phone (_____) _____ Cell Home Work
 Driver's License # _____ Exp. Date _____ DL State Issued _____ Mother's Maiden Name _____
 Physical Address (No P.O. Box) _____ City/St/ZIP _____
 Mailing Address (if different) _____ City/St/ZIP _____
 E-mail _____ Occupation or occupation retired from _____

Signature and Certification

By signing below, I certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN)/Social Security Number shown on this form is my correct TIN, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (and have written "Exempt" after my TIN on the TIN blank), 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 informed me that I am no longer subject to backup withholding. I am a U.S. person (including a U.S. resident alien). Derogatory Information may disqualify you.

Signature and Certification X _____ Date _____

This area for credit union use only.

Member Number _____ FOM _____
 Approved By _____ Date _____ Title _____
 Disclosures are provided to the member, in person, when the account is opened or mailed if the member was not present.

Truth-In Savings Disclosure Electronic Funds Transfers Disclosure Funds Availability Disclosure Privacy Disclosure