



Account Number: \_\_\_\_\_

**BUSINESS APPLICATION FOR MEMBERSHIP**

Account Type:  Share (Savings)  Draft (Business Checking) Business Email \_\_\_\_\_  
Ownership Type:  Sole Proprietor (DBA)  Partnership  Corporation  LLC  Equity Bond  
Overdraft transfer from Shares to Draft:  Yes (Additional Fees Apply)  No X \_\_\_\_\_  
Courtesy Pay for draft account transactions:  Yes (Additional Fees Apply)  No X \_\_\_\_\_  
Courtesy Pay for everyday debit card transactions:  Yes (Additional Fees Apply)  No X \_\_\_\_\_  
Additional Services:  TouchTone Teller  eBranch  eDocuments  App Check Deposit  VISA Check Card  Order Checks

**MEMBER ELIGIBILITY**

OR

Union/Affiliation \_\_\_\_\_

Name of Qualifying ActorsFCU Member \*

Relationship to Qualifying Member \*

\* Existing and New member must complete a Certification of Relationship form.

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_ Tax Identification Number \_\_\_\_\_ State of Incorporation/Organization \_\_\_\_\_ Organization Type/Purpose \_\_\_\_\_  
Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Physical Address (if different from mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ACCOUNT SIGNER 1**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Also Known As ("AKA") \_\_\_\_\_ Type of Documentation proving "AKA" \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Physical Address (NO PO BOXES) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ID Type & Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**ACCOUNT SIGNER 2**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Also Known As ("AKA") \_\_\_\_\_ Type of Documentation proving "AKA" \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Physical Address (NO PO BOXES) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ID Type & Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**ACCOUNT SIGNER 3**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Also Known As ("AKA") \_\_\_\_\_ Type of Documentation proving "AKA" \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Physical Address (NO PO BOXES) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ID Type & Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**WIRE TRANSFER PIN**

In order to be able to submit wire transfers via facsimile (fax) or email, you are required to establish a six (6) digit alphanumeric code. Please commit it to memory or keep a note of this in a safe place, as faxed or emailed wire transfer request will not be processed without this code. \_\_\_\_\_

**SIGNATURES**

With my/our signatures below:

- 1. I/We certify that I/we have read and agree to all of the terms and conditions listed on the reverse side of this application.
- 2. I/We attest that I/we am/are eligible for membership with ActorsFCU through the indicated affiliation/union or through family affiliation listed above.

Account Signer 1 \_\_\_\_\_ Date \_\_\_\_\_ Account Signer 2 \_\_\_\_\_ Date \_\_\_\_\_ Account Signer 3 \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT UNION USE ONLY**

Application Type:  New Member  Update  Add Co-Owner  Other: \_\_\_\_\_ Disclosures Delivered:  In Person  By Mail  By Email  
Verification/Serv.:  Patriot Guard  Qualifile  Identification  TT Teller  eBranch  eDocs  App  Checks  
Supporting Docs:  TIN Cert.  Cert. of Inc.  Corp. By-Laws  LLC/DBA Certificate **Processed By (Teller Stamp):** \_\_\_\_\_

### BUSINESS/ORGANIZATION CORPORATE RESOLUTION

This organization establish in its name a savings (and checking) account(s) with ActorsFCU. That the President, Managing Member(s) or General Partner(s) and Secretary of this organization are hereby authorized to establish such accounts upon such terms and conditions as may be agreed upon with ActorsFCU and that funds from said accounts may be withdrawn on drafts (checks) of the organization signed by any one of the account signers. I (We) certify that the foregoing is a full, true and correct copy of a resolution duly and regularly adopted by the Board of Directors or other governing body of the organization and that the signatures on the reverse are the duly authorized persons to withdraw funds from Actors Federal Credit Union in accordance with the resolution.

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing on the reverse side, I/we certify under penalties of perjury that the Social Security Number(s)/Tax ID Number(s) written on the reverse side is/are my/our correct Social Security Number(s)/Tax ID Number(s) and that I/we am/are NOT, unless designated below, subject to backup withholding because:

- I/we am/are exempt from backup withholding, or
- I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or
- The IRS has notified me/us that I/we am/are no longer subject to backup withholding. I/we further certify that unless otherwise designated below, I/we am/are a U.S. person (including a U.S. resident alien).

\*\*\*\* Only Select If Applicable \*\*\*\*

- I/we am/are subject to backup withholding  I/we am/are NOT a United States citizen(s) or resident(s) (complete Form W-8BEN)

### ACCOUNT TERMS AND CONDITIONS

I/We hereby make application for membership with Actors Federal Credit Union ("ActorsFCU"). All account owners signing this Application for Membership hereby agree to be bound by the bylaws and policies, and any amendments thereto, of ActorsFCU. I/We certify that the information provided in this Application for Membership is true and correct and understand that my/our signature(s) on the reverse side of this application apply to all accounts under my/our name(s). I/We agree to be bound to the terms and conditions of this and all account agreements with ActorsFCU now or in the future, including but not limited to, the Important Account Information for Our Members (Terms and Conditions, Electronic Transfers, Funds Availability and Truth In Savings) and ActorsFCU's Fee Schedule, which have been provided to me/us and which are incorporated into and made part of this membership application as though they were set forth in length. I/We agree that ActorsFCU may access credit information concerning my/our account(s) now and/or in the future and understand that my/our application to establish an account will be verified through a credit reporting agency. I/We agree that ActorsFCU may charge against my/our account(s) any debt owed by me/us to ActorsFCU, now or in the future, without going through any legal process or court proceeding. If this is a joint account, ActorsFCU may charge the debt(s) owed by me/us to ActorsFCU by any or all of us against the deposits of any or all of us. I/We agree that ActorsFCU may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. If I/we am/are an Actors Equity Association, SAG-AFTRA member, I/we pledge a security interest in my/our "Residuals" to cover any and all debt or other funds that I may owe to ActorsFCU, including, but not limited to, loans and account overdrafts. I/we understand that the Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

### CHECKING ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS

I/We hereby authorize ActorsFCU to establish this Checking Account for me/us. ActorsFCU is authorized to pay checks signed by me/each of us and to charge all such payments against the shares in this account. It is further agreed that:

- Only checks (and other methods) approved by ActorsFCU may be used to make withdrawals from this account.
- ActorsFCU is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. However, if any of the undersigned writes a check that would exceed such balance and result in this account being overdrawn, ActorsFCU may:
  - Treat such check as a request to ActorsFCU for an advance (in multiples of \$50) from the loan account identified below sufficient to permit ActorsFCU to pay such check and credit the loan advance to this account.
  - If none of the undersigned is eligible to receive a loan advance as provided above, ActorsFCU may, nevertheless, pay such check and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular Share Account from which any of the undersigned is eligible to withdraw shares at that time.
- ActorsFCU may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- When paid, checks become the property of ActorsFCU and will not be returned either with the periodic statement of this account or otherwise.
- Except for negligence, ActorsFCU is not liable for any action it takes regarding the payment or nonpayment of a check.
- Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to ActorsFCU before the end of 60 days after the statement is mailed.
- This account is subject to ActorsFCU's right to require advance notice of withdrawal, as provided in its bylaws.
- This account is also subject to such other terms, conditions, and service charges as ActorsFCU may establish from time to time.

If this agreement is signed by more than one person, the persons signing the reverse side shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions listed below in the "Joint Share Account Agreement (\*Not Transferable)" section.

### CO-OWNER SHARE ACCOUNT AGREEMENT (\*NOT TRANSFERABLE)

ActorsFCU is hereby authorized to recognize any of the signature(s) subscribed on the reverse side in the payment of funds or the transaction of any business for this/these account(s). The joint owners of this account hereby agree with each other and with ActorsFCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares, by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge ActorsFCU from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by ActorsFCU from time to time. Any or all of said joint owners may pledge all or any part of shares in this account as collateral security to a loan or loans from ActorsFCU. The right or authority of ActorsFCU under this agreement shall not be changed or terminated by said owners, except by written notice to ActorsFCU, which shall not affect transactions therefore made.

### eDOCUMENTS AGREEMENT

I/we agree that:

- I/We will only receive one more copy of my/our paper Account statement through U.S. mail.
- I/We will notify ActorsFCU if I/we change my/our email address.
- I/We specifically agree that ActorsFCU may provide all disclosures, period statements, agreements, notices, amendments, revisions, and all other documents electronically. I/We will be able to download and/or print these disclosures, agreements, and notices through an appropriate electronic terminal and/or should review all such disclosures, statements, and agreements in a safe and convenient place. I/We have the right to receive a paper copy of an electronic record if applicable law specifically requires ActorsFCU to provide such. Also, I/we may withdraw my/our consent and revoke my/our agreement to receive documents electronically. To request a paper copy or to withdraw of my/our consent and agreement to receive electronic records, I/we must deliver a signed written request to ActorsFCU. I/We can deliver this request; by facsimile (fax) to 212.575.5836, by email to [mservices@actorsfcu.com](mailto:mservices@actorsfcu.com), and by mail or in person to any of ActorsFCU branches.

### CHECK DEPOSIT ONLINE – ALL OPTIONS

I/We agree and understand that Check Deposit Online, including Android and iPhone apps, is a service offered at the discretion of ActorsFCU to qualifying members. It may be granted or revoked at any time. I/We understand that by participating in Check Deposit Online in all versions, I/we agree to receive all notifications and statements through eDocuments, ActorsFCU's electronic documents program, and that I/we will no longer receive statements or other notifications by mail. Should my/our email address change, I/we understand it is my/our responsibility to provide ActorsFCU with my/our new valid email address. I/We understand that Check Deposit Online is available for the deposit of any checks payable to me/us (with proper endorsements) drawn on U.S. financial institutions in U.S. funds, including money orders and traveler's checks. Check Deposit Online may not be used for any checks drawn on foreign financial institutions, even those drawn in U.S. dollars. This includes all checks drawn on Canadian financial institutions, including those drawn in U.S. dollars. I/We understand that I/we may deposit up to an aggregate or single check total of \$5,000.00 per 24 hour period. Checks larger than \$5,000.00 cannot be deposited using this method. I/We are able to deposit a maximum of five checks per session. If a deposited item is returned to ActorsFCU for insufficient funds or for any other reason, I/we am/are responsible for any funds I/we may have used that ActorsFCU is unable to collect. Additionally, a fee for a "Returned Deposited Item" will be charged. This includes if the scan of your check is not legible. To prevent any issues in the case of such an occurrence, I/we must retain the actual printed check for a minimum of 45 days. Failure to be able to produce an actual check, within ten (10) business days, in the event ActorsFCU is unable to read my/our scan will result in my/our account being debited for the amount of the item and any applicable associated fees. All other ActorsFCU guidelines, fees, and disclosures not explicitly included here apply.

### CHECK DEPOSIT ONLINE/NON-SCANNING NON-MOBILE

In addition to the above referenced Check Deposit Online terms and agreements, I/we grant ActorsFCU permission to obtain the primary signer's credit report and score. I/We understand that, based on the primary signer's credit score, I/we may or may not qualify for eLimit, ActorsFCU's automated expedited funds availability service. eLimit is not a form of credit, but rather gives expedited funds availability of deposited funds up to the dollar amount of the assigned eLimit. My/Our eLimit availability will be reduced by holds applied on any outstanding Check Deposit Online. I/We understand that my/our eLimit will be unavailable if my/our account balance becomes negative. If I/we do not qualify for eLimit, I/we may still be allowed to use Check Deposit Online, and I/we understand that expedited funds availability may still be available to me/us through eZ Hold. In order for eZ Hold to apply, I/we need to have available funds on deposit in this account at ActorsFCU. Deposits greater than my/our available eLimit will be allowed; however, immediate credit will only be granted on the amount up to my/our available eLimit plus any funds available through eZ Hold. Once the item(s) has/have been received by ActorsFCU, the remainder of the funds that have not been given immediate availability will be processed according to ActorsFCU's normal "funds availability schedule." In addition, once the item is received by ActorsFCU, the dollar amount of my/our eLimit expedited funds availability that was extended on a deposit will not be available for future deposits until ActorsFCU's normal funds availability schedule expires. Once I/we have made my/our online deposit, I/we have seven (7) business days to deliver my/our item(s) to ActorsFCU, whether in person or by mail. If my/our item(s) is/are not received by ActorsFCU within that time, the deposit will be reversed automatically from my/our account and I/we will be charged a reversal fee for each item. All other ActorsFCU guidelines, fees, and disclosures not explicitly included here apply.



# BENEFICIAL OWNERSHIP CERTIFICATION FORM

## WHAT IS THIS FORM?

Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. If you are a legal entity seeking to open an account, or add an account or certain services at Actors Federal Credit Union, you must complete this form, sign it, and agree to notify us of any change in the information contained herein.

## WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening an 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, a 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 non-U.S. 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% or more of the equity interests of the legal entity customer (e.g., each natural person who owns 25% or more of the shares of the corporation; and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., 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 may be identified in 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% equity holders under Section (i)).

The credit union will also ask to see a copy of an unexpired driver’s license or other valid, government-issued photo ID for each beneficial owner listed on this form, as well as a current, valid photo ID for the person listed in the controlling interest section.

# BENEFICIAL OWNERSHIP CERTIFICATION FORM

Persons opening an account on behalf of a legal entity must provide the following information<sup>1</sup>.

<b>Name of Person Opening Account</b>	
<b>Name of Legal Entity for Which The Account Is Being Opened</b>	
<b>Legal Entity Type (Corp, LLC, LLP, etc.)</b>	
<b>Nature of Business (production, retail, school, etc.) Please be specific. Use extra line if needed.</b>	
<b>FOR ActorsFCU ONLY – ACCOUNT NUMBER</b>	
<b>FOR ActorsFCU ONLY – TYPE OF ACCOUNT (Sav., Cking, CD, etc.)</b>	

## OWNERSHIP PERCENTAGE

Please provide the following information<sup>2</sup> for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more** in the equity interests of the legal entity listed above.

Name	Date of Birth	Address	For U.S. Persons: Social Security Number	Driver's License or Passport Number and State or Country of Issuance, or other similar identification number <sup>3</sup>	Ownership %

*...Continued on the following page*



**IMPORTANT:** If there is a legal entity that owns 25% or more of this legal entity customer, please complete the **Beneficial Ownership Addendum** located on Page 4.

<sup>1</sup> Modeled from FinCEN Appendix A, Certification Regarding Beneficial Owners of Legal Entity Customers.

<sup>2</sup> We will also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

<sup>3</sup> In lieu of a passport number, non-U.S. 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.

# BENEFICIAL OWNERSHIP CERTIFICATION FORM

## CONTROLLING INTEREST

Please provide the following information<sup>4</sup> 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, or Treasurer); OR
- Any other individual who regularly performs similar functions.

Name & Title	Date of Birth	Address	For U.S. Persons: Social Security Number	Driver's License or Passport Number and State or Country of Issuance, or other similar identification number <sup>5</sup>

## NATURE AND PURPOSE OF THE ACCOUNT

While we understand that your business might change over time, please provide your best estimations regarding the initial expected use of the account:

TYPE OF ACCOUNT ACTIVITY	APPROXIMATE MONTHLY DOLLAR AMOUNT	APPROXIMATE NUMBER OF TIMES PER MONTH
CASH DEPOSITS	\$	#
CASH WITHDRAWALS	\$	#
PURCHASE OF MONEY ORDERS OR CASHIER'S CHECKS	\$	#
CHECK DEPOSITS (MAIL OR IN-PERSON)	\$	#
ELECTRONIC DEPOSITS (ACH, DIRECT DEPOSIT, MOBILE)	\$	#
WIRE TRANSFERS <u>IN</u> (DOMESTIC – U.S.)	\$	#
WIRE TRANSFERS <u>OUT</u> (DOMESTIC – U.S.)	\$	#
WIRE TRANSFERS <u>IN</u> (INTERNATIONAL)	\$	#
WIRE TRANSFERS <u>OUT</u> (INTERNATIONAL)	\$	#

<sup>4</sup> We will also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

<sup>5</sup> In lieu of a passport number, non-U.S. 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.

## CERTIFICATION & AGREEMENT TO NOTIFY

I, \_\_\_\_\_, hereby certify, to the best of my knowledge, that the information provided herein is complete and correct. I also agree to notify Actors Federal Credit Union of any change in the information provided within this Certification.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## BENEFICIAL OWNERSHIP ADDENDUM

This addendum should be used when there is another legal entity that owns 25% or more of the legal entity customer opening this account.

<b>Legal Entity Name<sup>6</sup></b>	
<b>% Ownership in Legal Entity Opening the Account</b>	

Please provide the following information<sup>7</sup> for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25% or more** in the equity interests of the legal entity listed above.

Name	Date of Birth	Address	For U.S. Persons: Social Security Number	Driver's License or Passport Number and State or Country of Issuance, or other similar identification number <sup>8</sup>	Ownership %

Are any of the individuals listed above also owners of the legal entity seeking to open this account?  Yes  No

<sup>6</sup> Name of the legal entity that has ownership in the legal entity seeking to open the account.

<sup>7</sup> We will also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

<sup>8</sup> In lieu of a passport number, non-U.S. 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.

If you selected “Yes” above, please provide the following information for **each** individual who **owns 25% or more** in the equity interests of the legal entity seeking to open this account<sup>9</sup>.

Name	Date of Birth	Address	For U.S. Persons: Social Security Number	Driver’s License or Passport Number and State or Country of Issuance, or other similar identification number <sup>10</sup>	Ownership %

<sup>9</sup> Aggregate ownership between the entities to determine total ownership of the legal entity customer seeking to open the account.

<sup>10</sup> In lieu of a passport number, non-U.S. 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.