



REQUEST TO ESTABLISH A PROFESSIONAL GUARDIANSHIP ACCOUNT

A Professional Guardianship is established by the court when a person is legally incapacitated and unable to manage their financial affairs. The court-appointed guardian of a person's estate can be an individual or professional guardianship services organization that manages the financial affairs of the incapacitated person.

HELP US TO QUICKLY PROCESS YOUR REQUEST TO OPEN OR CONVERT GUARDIANSHIP ACCOUNTS BY PROVIDING A FEW THINGS TO GET STARTED:

- Print and complete the Professional Guardianship Account Application located on becu.org.
- Gather the required documents and information (see below).

DOCUMENTS REQUIRED:

- Professional Guardianship Account Application
- BECU Professional Guardianship Instructions and Affidavit for each individual requesting to act on behalf of the organization
- BECU Certification Regarding Beneficial Ownership of Legal Entity Members located on becu.org
- Copy of the Letters of Guardianship
- Copy of the Court Order appointing organization as Guardian
- Unsigned Receipt of Funds (if Guardianship contains a blocked account requirement)
- Signed Corporate Resolution (showing who is authorized to act on behalf of the organization)

IMPORTANT INFORMATION ABOUT OPENING PROFESSIONAL GUARDIANSHIP ACCOUNTS:

- The Social Security number (SSN) of the legally incapacitated person and the Taxpayer Identification number (TIN) are required for the court-appointed professional guardianship services organization.
- The Letters of Guardianship must grant the professional guardianship services organization authority over the incapacitated person's estate.

- While BECU will accept non-certified copies of court documents, we must be able to verify that they have been filed with the court.
- A periodic statement is generated for the Guardianship accounts. It is mailed in the tax owner's name, in care of the guardian, to the mailing address that we have on file.
- Available Guardianship account types: Member Share Savings, Savings, Checking, Money Market, and Certificate of Deposit (CD).
- Professional Guardianship accounts cannot be set up immediately because they require a document review before they can be set up.
- If the legally incapacitated person has loans with BECU:
 - BECU will revoke limits on any active personal Line of Credit or Visa accounts, with or without balances, so that funds can no longer be advanced.
 - Existing Home Equity Line of Credit loans can only be closed if directed by the Guardian or if the borrower fails to meet the terms of repayment.
 - Any remaining debt must be paid by the legally incapacitated borrower's estate until the debt is paid in full.
- Accounts can be set up with a single Professional Guardianship or with multiple co-guardians. In the case of co-guardians, the court must grant the authority for the co-guardians to act independently of each other.
- If the Guardianship has been established outside of Washington state, additional documents will be required. Please consult a Washington state attorney to assist you with registering the Guardianship with a Washington state court. BECU will require a copy of the court order showing the Guardianship has been registered in Washington state before opening a Guardianship account.

WHAT'S NEXT?

Return the completed application, required documents, and information by one of the following:

- In person to any BECU location. To find a location near you, visit becu.org/locations.
- Fax to **206-805-5612**
- Mail to:

BECU

Account Servicing M/S 1094-2

PO Box 97050

Seattle, WA 98124-9750

Once we have received your request, a representative may contact you to review the information provided. If you have any questions, please call a BECU representative at **800-233-2328**. You can also send us a secure message using Messenger in Online and Mobile Banking.

PROFESSIONAL GUARDIANSHIP ACCOUNT APPLICATION AND CHANGE REQUEST



Welcome to Boeing Employees' Credit Union. Thank you for choosing BECU for your financial service needs. As a not-for-profit credit union, we are able to offer our members better rates, fewer fees, and more affordable financial services. Please complete, sign in ink, and return this form to apply for membership or change information on your current account. If you have any questions, please contact a BECU representative at 800-233-2328.

New account Close account Change the following account: _____

1. Account Information

Important information about procedures for opening a new account: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY MEMBER / INCAPACITATED PERSON NAME				SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET ADDRESS				CITY
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
MAILING ADDRESS (if different from above)				CITY
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
MEMBERSHIP ELIGIBILITY				

2. Professional Guardian Information

PROFESSIONAL GUARDIAN LEGAL ENTITY NAME			EIN / TIN	
BUSINESS PHONE		BUSINESS EMAIL ADDRESS		
STREET ADDRESS			CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
MAILING ADDRESS (if different from above)			CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY

3. Person(s) Authorized to Transact on the Account Information

AUTHORIZED SIGNER NAME (1)					SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS		
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		
AUTHORIZED SIGNER NAME (2)					SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS		
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		
AUTHORIZED SIGNER NAME (3)					SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS		
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		
AUTHORIZED SIGNER NAME (4)					SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS		
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		

4. Account Type

Select all that apply.

Member Share Savings Account

Issue card to: Authorized Signer (1) Authorized Signer (2) Authorized Signer (3) Authorized Signer (4)

Savings Account

Issue card to: Authorized Signer (1) Authorized Signer (2) Authorized Signer (3) Authorized Signer (4)

Checking Account

Issue card to: Authorized Signer (1) Authorized Signer (2) Authorized Signer (3) Authorized Signer (4)

Money Market Account

Issue card to: Authorized Signer (1) Authorized Signer (2) Authorized Signer (3) Authorized Signer (4)

CD Account

How many months? _____ Add-To Option (Complete Account to Account Transfer form)

Close out CD upon maturity. Transfer interest to another account.

Deposit funds to account number: _____ Post to account number: _____

5. Request Checks

Indicate information to print on checks.

Check will be printed with: [Name of Incapacitated Person], in care of [Professional Guardianship Entity Name].

Address Phone number

6. Close Deposit Account(s)

Please Note:

- All ATM / debit cards assigned to this account will be canceled.
- Suspend line of credit for the associated checking account.
- Any payroll deductions, direct deposits, and / or automatic withdrawals or debits associated with this account will not be canceled. It is your responsibility to cancel such transactions.
- Any items presented after the closure date may not be accepted and may be returned.
- If a CD account is selected for closure or early redemption, early withdrawal penalty may apply and will be deducted from your total withdrawal.

Indicate deposit account number(s).

ACCOUNT NUMBER(S)

CLOSURE DATE (max. 1 week out)

Indicate disbursement of balance.

Transfer balance to BECU account.

ACCOUNT NUMBER

Issue check payable to _____ in person or mail to address below.

STREET ADDRESS

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

Indicate reason for closure.

Competitor rates Consolidate BECU accounts Convenience Deceased Fees Fraud Matured CD
 Relocating / moving Product / service issue Other (please specify): _____

7. Agreements and Signatures

By signing below, you, the court-appointed Professional Guardian, the person establishing the account and Authorized Signer on the account who is acting on behalf of the appointed Professional Guardian, acknowledge and agree on behalf of the appointed Professional Guardian: (1) You have received, read, understood, and agree to all of the terms and conditions contained in the Boeing Employees' Credit Union Account Agreements, BECU's Privacy Statement, Regulation D Explanation, and BECU's Consumer Account Disclosure, all as amended to date and all of which you will retain for your records; (2) The information you have given in this form is complete, true, and submitted for the purpose of opening a deposit account with BECU now and/or later, or for directing us to take specific actions on an account. You understand that we may rely on this information in our dealings with you now and in the future, and that it is a federal crime to willfully and deliberately provide incomplete or incorrect information to a state chartered credit union insured by the NCUA; (3) By selecting a Checking account, you authorize BECU to debit the cost of the checks from the Checking Account at the time of the check order;

7. Agreements and Signatures (continued)

(4) BECU may make inquiries necessary to evaluate your applications and to conduct periodic reviews of your BECU accounts, including ordering a credit report, and you instruct BECU to obtain and use such information in determining to notify you about other products and services. You agree that we may tell others about our credit experience with you, and may report information about your accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report; (5) All of the credit or other information concerning you that BECU may obtain now or in the future will be compiled, stored, and used in accordance with BECU's Privacy Statement as amended from time to time; (6) By providing your email address, you agree that BECU may send marketing material to you electronically; (6) For non-marketing purposes, BECU and its service providers may contact you about your current or future BECU accounts or applications at any telephone number you provide now or in the future. BECU may use automated telephone dialing, text messaging systems, prerecorded or artificial voice message calls, and electronic mail to contact you. Standard data and message rates may apply and you agree that BECU will not be liable for such fees. You agree to update us promptly when your telephone number changes. At any time, you may update your contact information or revoke your consent to receive non-emergency calls or text messages at a telephone number that has been assigned to a wireless device (or any other service that charges on a per-call basis) by contacting us at 1-800-233-2328, or by texting STOP to the number specified in a text message to cancel.

By signing below as Authorized Signer on the account, you certify that you are authorized by the court appointed Professional Guardian by way of appointment, agreement, court orders, or applicable law, to request new accounts, cause requested changes to be implemented, agree to terms of any additional requested products and services with BECU, to transact on all accounts, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action taken by you is ratified and confirmed by any and all with authority to do so. Unless and until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on behalf of the appointed Professional Guardian, your behalf, and the person establishing the account and Authorized Signer on the account. BECU is not required now or in the future to inquire further into your powers or any other agents purporting to act on behalf of the court appointed Professional Guardian.

By signing below, you understand that if you choose to have access to Online Banking and Remote Services you will have simultaneous access to your personal accounts and any Guardianship Account on which you are an Authorized Signer, and BECU shall have no liability for your transactions resulting in commingling of funds. You understand that, Blocked Accounts are not accessible via shared branch, and account owners of such accounts shall have no access to shared branch services for any other accounts that they may own.

Taxpayer Identification Number Certification and Backup Withholding Information

By signing below, I certify in accordance with the IRS W-9 instructions and under penalties of perjury that: 1. The number shown on this form is the correct taxpayer identification number for this account (or I am waiting for a number to be issued), and 2. The account owner is not subject to backup withholding because: (a) he, she, or it is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that he, she, or it is subject to backup withholding as result of a failure to report all interest or dividends, or (c) the IRS has notified the account owner that he, she or it is no longer subject to backup withholding, and 3. The account owner is a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if the account owner has been notified by the IRS that he, she or it is currently subject to backup withholding because he, she or it has failed to report all interest and dividends on necessary tax returns. Cross out item 3 and complete a W-8 BEN if the account owner is not a U.S. person. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

AUTHORIZED SIGNER SIGNATURE (1)	DATE
AUTHORIZED SIGNER SIGNATURE (2)	DATE
AUTHORIZED SIGNER SIGNATURE (3)	DATE
AUTHORIZED SIGNER SIGNATURE (4)	DATE

BECU Use Only

NEW OR CONVERTED ACCOUNT NUMBER(S)	DATE	REP
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Guardianship Account:

- Established by the Professional Guardianship Entity and owned by the Incapacitated Person
 - Letters of Guardianship*
 - Corporate Resolution that states who is authorized to transact on behalf of the Professional Guardianship Entity
 - Court order appointing Professional Guardian(s)* (The order must state that all Guardians have the ability to act independently.)
 - Notarized Guardian Instructions and Affidavit for each individual authorized to transact on behalf of the Professional Guardianship Entity
 - Receipt of Funds court document to be signed by BECU (only if court instructs account funds to be blocked)
 - BECU Certification Regarding Beneficial Ownership of Legal Entity Members
- * a copy of the certified documents is acceptable

- | | |
|---|---|
| <input type="checkbox"/> IDV completed for Incapacitated Person and person(s) authorized to transact | <input type="checkbox"/> Retail: Reviewed and approved |
| <input type="checkbox"/> QualiFile® completed for Incapacitated Person and person(s) authorized to transact | <input type="checkbox"/> Incapacitated Person does not have signing power |
| <input type="checkbox"/> OFAC completed for Incapacitated Person and person(s) authorized to transact | <input type="checkbox"/> Notes placed on account(s) |
| <input type="checkbox"/> OFAC completed on Professional Guardianship Entity name | <input type="checkbox"/> Blocked account lockout flag(s) placed |

Return the completed form in person to any BECU location or by mail to:

BECU Mail Stop 1094-2 PO Box 97050 Seattle, WA 98124-9750 or by fax to 206-805-5612

To find a location near you, visit becu.org/locations

PROFESSIONAL GUARDIAN INSTRUCTIONS AND AFFIDAVIT



1. Professional Guardian Information

ENTITY NAME		
BUSINESS NUMBER		TIN
STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different from above)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

2. Person Authorized to Transact on the Professional Guardianship Account(s)

LEGAL AGENT NAME		DATE OF BIRTH
STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

3. Incapacitated Person Information

INCAPACITATED PERSON NAME		DATE OF BIRTH
STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
GUARDIANSHIP CASE NUMBER		

4. Existing Account Information (if available)

ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE
ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE

5. Guardianship Agreement, Authority, and Instructions

Check all applicable items.

I have the authority to change the address on the Incapacitated Person's account to my business address as provided in the section above.

I have the authority to restrict the Incapacitated Person from accessing his/her account(s).

I have the authority to remove all Joint Account Holders.

I have the authority to restrict all Joint Account Holders from access to accounts.

I have the authority to cancel all Joint Account Holders' ATM cards, Online Banking, and Remote Services.

I agree to notify BECU in writing of any change(s) in my legal status as Guardian of the Incapacitated Person indicated above, and I understand that BECU is relying on the information provided herein and will only rely upon written notification concerning my legal status as Guardian when conducting business with me as Guardian for the Incapacitated Person indicated above.

I agree to notify any Joint Account Holders of the changes made to the Incapacitated Person's account(s), as described in BECU's Account Agreements.

Continued on the next page.

5. Guardianship Agreement, Authority, and Instructions (continued)

- I agree that I cannot be added as a Joint Account Holder on the Incapacitated Person's account.
- I agree that BECU has given me no advice. I expressly assume the responsibility for any adverse consequences that may arise from this Professional Guardian Instructions and Affidavit and I agree that BECU shall in no way be held responsible.
- I agree that BECU may suspend any available lines of credit currently held in the Incapacitated Person's name.
- I agree that if I choose to have access to Online Banking and Remote Services, I will have simultaneous access to my personal accounts and the guardianship account on which I am Guardian and BECU shall have no liability for my transactions resulting in commingling of funds.
- I am an agent with legal authority to act on behalf of the Professional Guardian business entity indicated above.

6. Guardian Instructions

1. Place stop payment on all outstanding checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Place stop payment on all preauthorized debits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Place a court-ordered block on the Incapacitated Person's accounts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Close existing Home Equity Line of Credit. (Borrower shall remain liable for any outstanding debt.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special instructions:

7. Professional Guardian Affidavit

- The attached Letters of Guardianship and Order Appointing Guardian are true and correct copies or originals duly issued by the court.
- As of this date, I am the Legal Agent of and legally authorized to act in the capacity of and on behalf of the duly appointed Professional Guardian business entity named above with the authority over the assets held by BECU but owned or subject to withdrawal or delivery to a BECU depositor.
- I understand and agree that pursuant the Revised Code of Washington 11.92.096, BECU may rely on this Professional Guardian Instructions and Affidavit without inquiry and shall not be subject to any liability of any nature whatsoever to any person whatsoever, including but not limited to BECU's depositor or any other person with ownership or other interest in or right to asset(s) including, but not limited to delivery of assets(s) to the Guardian.
- I will and do receive delivery or control of each asset solely in my capacity as the Legal Agent of the Professional Guardian business entity named above who is named as Guardian.
- By signing below I declare under penalty of perjury under the laws of the state of Washington that all the information provided above and the statements made in this affidavit are true and correct, and it is executed at the place and on the date indicated below.

LEGAL AGENT SIGNATURE	DATE AND PLACE
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8. Notary Public

STATE OF	COUNTY OF	NOTARY STAMP
SIGNED AND AFFIRMED BEFORE ME ON		
NOTARY NAME (printed)		
NOTARY SIGNATURE		
RESIDING IN	MY APPOINTMENT EXPIRES	

BECU Use Only	
DATE ASSETS ASSUMED	
ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE
ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS



Please complete and return this form with the other required documents. Questions? Please contact us at **800-233-2328**.

1. Legal Entity Information		
LEGAL ENTITY NAME	LEGAL ENTITY TYPE <input type="checkbox"/> Club <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	LEGAL ENTITY EIN / SSN
LEGAL ENTITY ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

2. 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** 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 is a Beneficial Owner?

Beneficial owners are 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).

Who is a Beneficial Owner with significant responsibility?

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).

Who is required to complete and sign this form?

This form must be completed by the person opening a new account, establishing a loan, or maintaining an account by adding or removing an authorized signer or changing the business's name 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. If the account or loan has an automatic renewal feature, you agree that the account holder will notify BECU of any changes to the information provided on this form. If BECU receives no notification of any changes, BECU will treat the automatic renewal as certification that the information is current and accurate.

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 am I required 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 **Beneficial Owner(s)** and **Beneficial Owner** with significant responsibility.

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. also holds a 30 percent 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)).

What are the identification requirements?

- For U.S. persons, provide Social Security number (SSN) only.
- For non-U.S. persons, provide SSN, a passport number, and country of issuance. In lieu of a passport, non-U.S. persons may also provide an alien identification card number, or number, and country of issuance or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

BECU may also ask to see a copy of a driver's license or other identifying document for each **Beneficial Owner** listed on this form.

Section 3 is required.

3. Beneficial Owner with 25% or More Ownership

Provide 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 the **Beneficial Owner with 25% or more ownership not applicable** check box below this section, and proceed to section 4. *Beneficial Owner with Significant Responsibility.*

BENEFICIAL OWNER NAME (1)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.

ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
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BENEFICIAL OWNER NAME (2)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.

ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
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BENEFICIAL OWNER NAME (3)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.

ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
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BENEFICIAL OWNER NAME (4)		TITLE
PERCENT OWNERSHIP	DATE OF BIRTH	SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.

ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE
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<input type="checkbox"/> Beneficial Owner with 25% or more ownership not applicable.

Sections 4, 5, and 6 are required.

4. Beneficial Owner with Significant Responsibility

Please provide information for one individual with significant responsibility for managing the **Legal Entity** listed above, whether or not they are the legal owner, 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 applicable, an individual listed under section 3. *Beneficial Owner with 25% or more Ownership* may also be listed in this section, 4. *Beneficial Owner with Significant Responsibility*.

NAME		DATE OF BIRTH
TITLE		SSN
ADDRESS (residential or business street)		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE

5. Information about the Individual Completing This Form

Persons opening a new account, establishing a loan, or maintaining an account by adding or removing an authorized signer or changing the business's name on behalf of a **Legal Entity** must complete this section.

NAME	TITLE	SSN
If you do not have a Social Security number: Refer to identification requirements in section 2 on this form and provide the required ID information below.		
ID NUMBER	ID TYPE	COUNTRY OF ISSUANCE

6. Certification and Agreement by the Individual Who Completed Section 5 (above)

By signing below, I hereby certify, to the best of my knowledge, that the information provided on this form is complete and correct.

NAME	SIGNATURE	DATE
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BECU Use Only	<input type="checkbox"/> ID Verified	Org Number: _____
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