



REQUEST TO ESTABLISH PROFESSIONAL POWER OF ATTORNEY (POA)

Professional Power of Attorney (POA) is a document that authorizes an entity (the Attorney-in-Fact, or AIF) to act on behalf of someone else (the Principal). An Agent is the person who is authorized to act on behalf of the professional organization. Any primary account owner or joint account owner on a consumer account may appoint an AIF to act on their behalf at BECU.

HELP US TO QUICKLY PROCESS YOUR REQUEST TO ESTABLISH PROFESSIONAL POWER OF ATTORNEY BY PROVIDING A FEW THINGS TO GET STARTED:

- POA document naming the organization as AIF
- Print and complete the Certificate of Professional Organization and Professional Organization's Agent As Attorney-in-Fact located on becu.org
- Gather the required documents and information (see below)

DOCUMENTS REQUIRED:

- Notarized BECU Certificate of Professional Organization and Professional Organization's Agent As Attorney-in-Fact
- BECU Certification Regarding Beneficial Ownership of Legal Entity Members located on becu.org
- POA documentation (a copy of this document is acceptable)
- A copy of the Agent's valid picture ID (for mailed or faxed requests only)
- Signed corporate resolution showing the Agent is authorized to act on behalf of the Professional Organization

IMPORTANT INFORMATION ABOUT ESTABLISHING A PROFESSIONAL POWER OF ATTORNEY:

- The Principal's Social Security number (SSN) or Taxpayer Identification number (TIN) is required.
- In Washington state, the POA document must have two witness signatures and/or be notarized acknowledging the Principal's signature.

- BECU's operating system is not able to authenticate the AIF within Online Banking, so BECU is unable to offer AIFs Online Banking access to the Principal's accounts.
- If the original AIF is unable or unwilling to serve, BECU will require additional documentation prior to adding or changing the AIF.
- If more than one AIF is listed, the POA must grant the AIFs authority to act independently of one another.
- In South Carolina, the POA must be recorded with the county registrar office before it is valid for banking and financial matters. It also requires two witnesses and a notarial act in order to be recorded. Both the AIF and Principal must have valid forms of identification.
- If you have specific questions about your authority under the POA and the rights and access it allows, please seek trustworthy legal advice.

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.

CERTIFICATE OF PROFESSIONAL ORGANIZATION AND PROFESSIONAL ORGANIZATION'S AGENT AS ATTORNEY-IN-FACT



1. Professional Organization Information

NAME OF PROFESSIONAL ORGANIZATION ACTING AS ATTORNEY-IN-FACT		EIN / TIN	BUSINESS PHONE
ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	

2. Agent Information

AGENT NAME		SSN / TIN	PHONE
ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE
STATE & COUNTRY ISSUED			

3. Principal Information

PRINCIPAL NAME	SSN / TIN
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4. Attorney-in-Fact Affidavit

The undersigned PROFESSIONAL ORGANIZATION ATTORNEY-IN-FACT'S AGENT, declares under penalty of perjury:

- I am the authorized Agent of the professional organization, _____, named as Attorney-in-Fact in the attached Power of Attorney.
- To the best of my knowledge the Principal is still alive, and to the best of my knowledge, at the time the Power of Attorney was signed, the Principal was competent to execute the document and was not under undue influence to sign the document.
- The event giving rise to the Power of Attorney being effective has occurred. The steps necessary to make the Power of Attorney effective have been completed.
- I have no actual knowledge that the Power of Attorney or the above-named professional organization as the Attorney-in-Fact has been revoked, terminated, limited, or modified. The professional organization continues to have all the powers given to the professional organization as Attorney-in-Fact under the Power of Attorney.
- I have no actual knowledge of the existence of other circumstances that would limit, modify, revoke, or terminate the Power of Attorney or my authority to take the actions as I propose to BECU from time to time and my authority to initiate withdrawals from and deposits to any and all accounts by the Principal.
- In acting under the Power of Attorney, I am acting and will continue to act in good faith pursuant to the authority given to me as Attorney-in-Fact.

I, _____ (Agent) on behalf of _____ (Organization) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNATURE	DATE	PLACE
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5. Agent Acting on Behalf of Attorney-in-Fact Instructions and Acknowledgment

1. I acknowledge that unless specifically stated in the Power of Attorney, I cannot: 1) change or alter account ownership; 2) add or remove a beneficiary from a deposit or IRA account; 3) empower others to act on the Principal's behalf.
2. I acknowledge and agree that BECU may receive information about my credit history and performance from others, including credit reporting agencies.
3. I acknowledge and agree that the Power of Attorney does not prevent the Principal from accessing and managing his or her accounts.
4. I acknowledge that I will not have access to the Principal's accounts by way of Online Banking.
5. I will notify BECU if any of the above statements are no longer true, and until such notification, the above statements continue to be true and BECU can rely on those statements.

AGENT SIGNATURE

6. Notary Public

STATE OF	COUNTY OF	DAY OF	NOTARY STAMP
NAME OF NOTARY (typed or printed)			
RESIDING AT			
I certify that I know or have satisfactory evidence that the above Agent for the professional organization Attorney-in-Fact is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.			
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	

BECU Use Only

- OFAC completed for the Professional Organization
- OFAC completed for each Agent
- IDV completed for each Agent
- OFAC completed for each Principal
- IDV completed for each Principal
- Qualifile completed for each Principal

BECU Rep Initials	DATE

**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**

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		
<p>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. <i>Beneficial Owner with Significant Responsibility.</i></p>		
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
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
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
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
<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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