



For CU Use Only	
Account Number _____	
Branch _____	Date _____

**MOUNTAIN AMERICA FEDERAL CREDIT UNION: BUSINESS DEPOSITORY ACCOUNTS  
CERTIFICATION OF BENEFICIAL OWNERS**

This Certification is incorporated with a previously executed Depository Resolution and Agreement for the Company

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. 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:

Name	Date of Birth	Address (Residential or Business Street Address)	Tax ID Number: Social Security or ITIN	Identification Type and Number

(If no individual meets this definition, please write "Not Applicable.")

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

Name	Date of Birth	Address (Residential or Business Street Address)	Tax ID Number: Social Security or ITIN	Identification Type and Number

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

Should any of the beneficial ownership information change it is required for the current ownership to provide updates to Mountain America Federal Credit Union.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT UNION AUTHORIZATION: (to be signed by a Credit Union employee)**

I have personally reviewed the most recent Depository Resolution and Agreement or subsequent Change Current Principals dated \_\_\_\_\_ and verified that the person authorizing this Certification is named by the Company on that document as a Principal.

x \_\_\_\_\_ / /  
Signature of Credit Union Employee Date

\_\_\_\_\_  
Teller #