

New Update Date: _____

BUSINESS ACCOUNT CARD

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account. **What this means for you:** When you open an account, we will 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.

MEMBER/ACCOUNT OWNER UPDATE (describe):

BUSINESS/ORGANIZATION NAME	MEMBER/ACCOUNT NUMBER
----------------------------	-----------------------

OTHER TRADE OR DBA NAME	MEMBERSHIP ELIGIBILITY
-------------------------	------------------------

STATE ORGANIZED	EIN/TIN	NATURE OF BUSINESS
-----------------	---------	--------------------

TYPE OF BUSINESS/ ORGANIZATION	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company (LLC) Select Tax Classification: <input type="checkbox"/> C = C Corporation <input type="checkbox"/> S = S Corporation <input type="checkbox"/> P = Partnership	<input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Limited Liability	<input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other: _____
-----------------------------------	--	--	---	--

BUSINESS LICENSE NUMBER	ISSUED BY	ISSUANCE DATE	EXPIRATION DATE
-------------------------	-----------	---------------	-----------------

MAILING ADDRESS	PHYSICAL ADDRESS
-----------------	------------------

BUSINESS PHONE	OTHER PHONE	EMAIL ADDRESS
----------------	-------------	---------------

Date Business Established	Number of Employees (Including owners)	NAICS Code, if known
---------------------------	--	----------------------

Multiple Locations Yes No If yes, please provide a list of other locations.

AUTHORIZED PERSON UPDATE (describe):

NAME	SSN/TIN	DATE OF BIRTH
------	---------	---------------

PHYSICAL ADDRESS	DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
------------------	----------------------------------	--------------------

TITLE /POSITION	ID ISSUANCE DATE	ID EXPIRATION DATE
-----------------	------------------	--------------------

OWNERSHIP % (IF ANY)	HOME PHONE	CELL PHONE	BUSINESS PHONE
----------------------	------------	------------	----------------

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident alien or non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this business is not your primary occupation, please list primary occupation and employer:
---	--	---

AUTHORIZED PERSON UPDATE (describe):

NAME	SSN/TIN	DATE OF BIRTH
------	---------	---------------

PHYSICAL ADDRESS	DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
------------------	----------------------------------	--------------------

TITLE /POSITION	ID ISSUANCE DATE	ID EXPIRATION DATE
-----------------	------------------	--------------------

OWNERSHIP % (IF ANY)	HOME PHONE	CELL PHONE	BUSINESS PHONE
----------------------	------------	------------	----------------

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident alien or non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this business is not your primary occupation, please list primary occupation and employer:
---	--	---

AUTHORIZED PERSON <input type="checkbox"/> UPDATE (describe):			
NAME		SSN/TIN	DATE OF BIRTH
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION		ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY)	HOME PHONE	CELL PHONE	BUSINESS PHONE
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident alien or non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this business is not your primary occupation, please list primary occupation and employer:	

AUTHORIZED PERSON <input type="checkbox"/> UPDATE (describe):			
NAME		SSN/TIN	DATE OF BIRTH
PHYSICAL ADDRESS		DRIVER'S LICENSE/PERSONAL ID NO.	STATE ID ISSUED BY
TITLE /POSITION		ID ISSUANCE DATE	ID EXPIRATION DATE
OWNERSHIP % (IF ANY)	HOME PHONE	CELL PHONE	BUSINESS PHONE
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident alien or non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this business is not your primary occupation, please list primary occupation and employer:	

ACCOUNT TYPE <input type="checkbox"/> UPDATE (describe):	
<input type="checkbox"/> SHARE/SAVINGS: _____	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> SHARE DRAFT/CHECKING: _____	

ACCOUNT SERVICES <input type="checkbox"/> UPDATE (describe):	
<input type="checkbox"/> CHECKCARD: _____	<input type="checkbox"/> OVERDRAFT LINE OF CREDIT: (*must complete Business Loan Application) _____
<input type="checkbox"/> ONLINE BANKING: _____	<input type="checkbox"/> SAVINGS: _____

***Additional Principals?** Please add information to back of Business Account Card or attach a separate sheet.

Who are your targeted customers? _____

Do you sell or cash Money Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travelers Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stored Value Cards (gift cards, phone cards, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own, operate or service ATM machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you exchange currency for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cash checks for your clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you transmit money for your clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business offer gambling/Internet gambling services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is your business licensed to offer gambling services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT BANKING RELATIONSHIPS

Account Summary	Financial Institution	Balance	Comments
Checking: Monthly fees: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings: Rate: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Loans/Lines of Credit: Rate: Term: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Payroll Services: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Merchant Services: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Services: <input type="checkbox"/> Yes <input type="checkbox"/> No			

DETERMINING SERVICE NEEDS

Anticipated monthly average balance in your: Business accounts? _____ Personal accounts? _____

Cash:

Will you be depositing cash on a regular basis? Yes No If yes, how much monthly? _____ How many times monthly? _____

Largest single cash deposit amount you expect? _____

Will you be making cash withdrawals? Yes No If yes, how much monthly? _____ How many times monthly? _____

Will you be making ATM withdrawals Internationally? Yes No If yes, Purpose? _____

Why do your clients pay by cash? _____

Checks:

How many checks monthly do you: Write for your business? _____ Deposit into your business account? _____

ACH Transfers:

Will you be initiating domestic ACH transfers? Yes No If yes, how much monthly? Incoming _____ Outgoing _____

Will you be initiating international ACH transfers? Yes No If yes, how much monthly? Incoming _____ Outgoing _____

If international which country(ies) _____

Reason for initiating international ACH transfers? _____

What is the total dollar amount of international ACH transfers expected monthly: Incoming _____ Outgoing? _____

Wire Transfers:

Will you be sending or receiving domestic or international wire transfers? Yes No

If yes, how many wires monthly?

Incoming domestic _____ Outgoing domestic _____ Incoming international _____ Incoming international _____

If yes, dollar amount monthly?

Incoming domestic _____ Outgoing domestic? _____ Incoming international? _____ Incoming international? _____

If international which country(ies) _____

Reasons for sending or receiving international wires _____

Monetary Instruments:

Will you be purchasing monetary instruments such as cashier's checks from AA Credit Union? Yes No

If yes, how many monthly? _____ Estimate dollar amount monthly _____

Will you need us to provide cash/change orders to run your business? Yes No If so, how much/how frequently and reason? _____

Will you use this branch location primarily for your financial servicing needs? Yes No If not, which branch would you be using? _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- 1. The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued); and***
- 2. The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and***
- 3. The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).***
- 4. The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.***

Certification Instructions. Cross out item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on your tax return. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By this instrument, as the duly appointed Authorized Persons for the business or organization named above ("Account Owner"), I/we hereby make application for and request that the American Airlines Federal Credit Union establish one or more accounts. I/we certify that the information provided in this application is accurate and complete, and I/we agree to promptly inform the Credit Union within 30 days of any changes to this information. The undersigned, individually and on behalf of the Account Owner, acknowledge(s) receipt of and agree(s) to the terms of this Business Account Card, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and any additional documents and disclosures the Credit Union has provided, all as amended from time to time, and all as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained in this document. By signing below, the undersigned authorize(s) the Credit Union to obtain your individual credit reports in connection with this application and to verify your involvement with the business or organization. The undersigned further acknowledge(s) and agree(s) that each of you, individually and collectively, will be personally liable for any obligations of the Account Owner owing to us and that any negative information regarding our experience with the Account Owner may be reflected in your individual credit report.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date
X	(Seal)

TITLE:

Signature	Date
X	(Seal)

TITLE:

Signature	Date
X	(Seal)

TITLE:

Signature	Date
X	(Seal)

TITLE:

FOR CREDIT UNION USE ONLY

Referred by: (teller initials)	(cu branch)	Account Open Date	Opened/Approved By
Entity Formation Documents Reviewed By			
Copies Obtained:			
<input type="checkbox"/> Corporate Resolution	<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> Bylaws or Code of Regulations	<input type="checkbox"/> Assumed Name Certificate
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Certificate of Good Standing	<input type="checkbox"/> Business Entity	<input type="checkbox"/> Individual Account Owner(s)	<input type="checkbox"/> Exempt from Beneficial Ownership/CDD requirements
<input type="checkbox"/> OFAC/SDN List Checked	Date Checked: _____	Checked By _____	

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

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 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 Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) 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); **and**
- (ii) 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).

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. 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 percent equity holders under section (i)).

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.

CONTINUE TO THE FOLLOWING PAGE

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, Type and Address of Legal Entity for Which the Account is Being Opened:

NAME	TYPE	ADDRESS
------	------	---------

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. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.
 Beneficial Owner Not Applicable
BENEFICIAL OWNER 1

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 2

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 3

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

BENEFICIAL OWNER 4

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

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	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as 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 SIGNATURE

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
X	(Seal)