

## **CERTIFICATION OF BENEFICIAL OWNERS**

P.O. BOX 2331 • SANDY, UT • 84091

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 & TITLE OF N Please print in black ink or type)		PENING ACCCOUNT		
Name		Title		
: NAME & ADDRESS (	OF LEGAL ENTITY FO	OR WHICH THE ACCOUNT IS BEING O	PENED	
roprietor/Business/Organiza	ation Name		Business Type	
BA Name (for all Proprietors	s and for LLCs or Corpora	ions using a DBA name)		
treet Address		City		State Zip
: OWNERSHIP INFOR The following information fo ercent or more of the equity	or each individual, if any, w	who directly or indirectly, through any contract, a ty above. If no individual meets this definition, p	arrangement, understanding, r please write "Not Applicable."	relationship, or otherwise, owns 25
Name	Date of Birth	Address (Residential or Business Street Address)	Tax ID Number: Social Security or ITIN	ID Type, Issuer, Number, Issue Date, and Expiration Date
			Non-US Person	
INDIVIDUAL WITH SI     An executive officer o     President, Vice President	IGNIFICANT RESPON r senior manager (e.g. Ch	coording to the criteria stated above  SIBILTY FOR MANAGING THE LEGAL ief Executive Officer, Chief Financial Officer, Chi		ing Member, General Partner,
Name	Date of Birth	Address (Residential or Business Street Address	Tax ID Number: Social Security or ITIN	ID Type, Issuer, Number, Issue Date, and Expiration Date
,complete and correct.	(name of natura	nl person opening account), hereby certify, to	o the best of my knowledge,	that the information provided is
Should any of the beneficial	ownership information cha	ange it is required for the current ownership to p	rovide updates to Mountain A	merica Federal Credit Union.
Signature:		Date:		
number, Non-U.S. Persons	ovide a Social Security Nu s may also provide a Socia	mber, passport number and country of issuance I Security Number, an alien identification card n or residence and bearing a photograph or simila	umber, or number and country	

Rev 04/2024. Federally insured by NCUA.

Employee \_\_\_\_\_