

Please review carefully. Your Business Account will be opened only with a completed application along with the required documentation.

Eligibility and Criteria:

- The Entity is within LutheranFCU's (LFCU) field of membership
- Account must be opened under EIN assigned to business entity
- LFCU requires one partner, member, or officer be listed as an Account Manager for the purpose of authorizing changes to the account
- A minimum of 2 Authorized Signers (not required to be in our field of membership) are required for savings and checking accounts, unless the organization is a sole proprietorship
- This application must be signed by a person authorized within your bylaws/formation documents to open a financial institution account

Required Documentation:

- Completed and signed Application (attached)
- Certificate of Incumbency (Secretary or officer in charge of keeping entity's records must sign before a Notary Public), which also includes the approval to open accounts (attached)
- Certification of Beneficial Owner(s) (attached)
- Non-expired, government issued identification for all Authorized Signers to be on the account (i.e., driver's license, passport, military ID, etc.)
- State Registration form for the Congregation/Entity (online registration certificates are acceptable)
- Articles of Incorporation (preferable, but not a must)

Congregation/Business Account Application

PART 1: GENERAL INFORMATION AND CONGREGATION/BUSINESS ACTIVITY

Type of Business:		Corporation	Other (please specify) _____
Congregation/Entity Name:			
EIN/TIN:		Individual Name Completing Application:	
Physical Address (number, street, and apt or suite n ^o)		City:	State and Zip Code:
Phone:	State in which organization is registered:	Date Registered: _____	
Email address:	Web address (if applicable):		

PART 2: ACCOUNT SERVICES (CHECK THOSE FOR WHICH YOU ARE APPLYING)

Stewardship Savings Account (*this account is required to become a member*)

Fellowship Checking Account

Debit Card – available with Checking accounts only

(Please place the names of those that are to have a debit card in his/her name in the boxes below):

1.	Date of Birth:	Phone #:
2.	Date of Birth:	Phone #:
3.	Date of Birth:	Phone #:

PART 3: ACCOUNT MANAGER – All fields required to be completed.

LFCU requires one person be named to have the authority to make changes/updates to the Membership (e.g. change address or signers, open accounts, etc.) and, if applicable, is authorized to make any changes to the Ministry Classic Credit Card.

Individual's First Name:		Middle Initial:	Last Name:	
LFCU Member Number (if applicable)			Title/Position:	
Residential Address (number, street, and apt or suite no.)			City:	State
				Zip
DOB ____/____/____	Gender:	SSN:	Cell Phone:	Email:

Congregation/Business Account Application

PART 4: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Cell Phone:	Email:	
This individual should have access to:					
All accounts		All Savings Only		All Checking Only	
Other: Please specify _____					
PART 4: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.					
Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Cell Phone:	Email:	
This individual should have access to:					
All accounts		All Savings Only		All Checking Only	
Other: Please specify _____					

Congregation/Business Account Application

PART 4 CONT'D: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Cell Phone:	Email:	

This individual should have access to:

All accounts
 All Savings Only
 All Checking Only

Other: Please specify _____

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Cell Phone:	Email:	

This individual should have access to:

All accounts
 All Savings Only
 All Checking Only

Other: Please specify _____

We are required, by federal law, to obtain, verify, and record information that identifies each congregation/business or individual opening a LFCU Membership. We will ask for your congregation/business legal name, address, TIN/EIN, and Phone Number. **REQUIRED IDENTIFICATION:** Individuals must provide one of the following current forms of identification • US Driver's License • Passport • US Military ID • US Work Visa • Other Government Issued picture ID. **REQUIRED IDENTIFICATION** for the Business entity is listed at the beginning of this form. **LFCU reserves the right to request additional identification.**

Congregation/Business Account Application

PART 5: Information Specific to Business

Corporation:

For a Congregation or an entity within the LCMS as defined in our field of Membership • Account will be opened under the Tax Identification Number supplied and MUST match business name • LFCU requires one partner, member, or officer to be listed as the Account Manager • Authorized signers do not need to be in the field of membership

PART 6: Certification and Agreements

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For most entities this is the EIN assigned to the business.

Employer Identification Number (EIN)
_____ -- _____

Certification - I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise, you may revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3)* I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (4) I am a U.S. person (including a U.S. resident alien).

*I agree to check here if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

Agreements: All those of us who must be in your field of membership certify that we are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined. Signing below for this membership constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services Disclosure and Agreements, the MasterCard Credit Card Agreement and Federal Truth-in-Lending Disclosure, and the Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services being currently requested or those requested in the future (Online Banking will be immediately accessible). LFCU will send these disclosures (as applicable) via email for your electronic signature. If I am the Account Manager, I am at least 18 years of age. If I am a Sole Proprietor and not yet 18 years of age, I understand I must have a parent or legal guardian named on this account as well. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information. Each of the persons authorized on the account(s) is duly authorized to act with respect to transacting on the account(s) and the credit union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign until the Credit Union receives written instructions to the contrary. Changes in Ownership will require a Business Account Change Form be completed.

Changes to the Membership require Account Manager or Board of Directors authorization. In no way will the Credit Union be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Further, each and all who sign this form assume full responsibility for enforcing the provisions of any operating or other Agreement pertaining to the business which has NOT been provided to the Credit Union and agree that LFCU SHALL IN NO EVENT BE LIABLE FOR ITS CONTENTS., In addition each certifies that 1) all necessary steps have been executed to legally establish the business referenced above, and 2) I/We understand that transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account. LFCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading.

X _____
Signature of the person authorized by your organization to open a Financial Institution account

Date

Certificate of Incumbency

The undersigned, an Authorized Individual of _____
(Name of /District/Entity)

(hereinafter "Corporation"), hereby certifies as follows:

1. That he/she is the Secretary or Officer in charge of keeping entity's records, according to the Bylaws of the Corporation.
2. That pursuant to the Corporation's Bylaws, the following named persons were designated and appointed to the position indicated below, and that said persons do continue to hold such positions at this time, and the signatures set forth opposite the names are the respective genuine signatures. *(Signatures in this section do NOT have to be witnessed by a Notary)*

NAME	SIGNATURE	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. That pursuant to the Corporation's Bylaws, and certain resolutions adopted by the Corporation's Board of Directors, the persons designated to serve in the above-entitled capacity were given sufficient authority to act on behalf of and to bind the Corporation with respect to opening accounts and/or Credit Cards at a Financial Institution, and constitute a legally binding and enforceable obligation of the Corporation.

4. That pursuant to the Corporation's Bylaws, the undersigned has the power and authority to execute this certificate on behalf of the Corporation and that he/she has signed this certificate this _____ day of _____, 20____.

Signature (witnessed by Notary)
(This name needs to be on the list above as well)

Printed Name and Title (person signing before Notary)

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 20____ and produced _____ as identification.

(Notary Seal)

Notary Public (printed name)

Notary Signature

Certification of Beneficial Owner(s)

Federal regulation requires financial institutions to obtain, verify, and record information about beneficial owners of a legal entity. For purposes of this form, a legal entity includes a Corporation, Limited Liability Company or other entity within LutheranFCU's field of membership 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, or unincorporated associations.

1. Persons opening a membership on behalf of a legal entity must provide the following information:

- a. Name and Title of Natural Person opening account: _____
- b. Name of legal entity for which the membership/account is being opened/maintained: _____

2. Provide the information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent (25%) or more of the equity interests of the legal entity listed above:

Please check if Beneficial Owner Not Applicable - (If you are a non for profit, please fill out section 3 and sign the form)

Owner 1

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date	Address		

Owner 2

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date	Address		

Owner 3

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date	Address		

Owner 4

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date	Address		

3. Provide the following for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager (e.g. CEO, CFO, COO, VP, General Partner, President, Treasurer) or any other individual who regularly performs similar functions.

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date	Address		

Certification and Agreement

I, _____ (name of person opening membership/account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: _____ Date: _____



ACH Authorization Form

I, _____ on behalf of _____
Name - Print Congregation/Entity

Hereby authorize LUTHERAN FEDERAL CREDIT UNION to initiate a transfer to it's:

Stewardship Savings

Fellowship Checking

from my account at the Financial Institution listed below: **(This is a one-time authorization)**

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Routing Number (9 digits) _____

Account Number _____

Total Amount \$_____ and allocation to specific accounts if it applies: _____

By signing below, I certify that I am an authorized representative of the entity indicated above and that I have the authority to approve this withdrawal on the entity's behalf.

Authorized signature _____ Title _____

Date _____

Once completed, please email to operations@lutheranfcu.org or fax to 314.394.2799



We are *the* credit union of The LCMS.

MINISTRY CLASSIC CREDIT CARD APPLICATION

Please Note: you must become a member of LutheranFCU first!

Once membership has been established, please submit the following:

- a. Completed and signed LutheranFCU Ministry Classic Credit application.
-Minimum two (2) signers chosen from the LutheranFCU deposit account, and the Account Manager **must** be one of those signers.
- b. Financial Statements for the previous two (2) completed fiscal years. At a minimum, this must consist of Income Statements (Profit & Loss) and Balance Sheets (Assets & Liabilities).
- c. Copy of your most recent month's full bank statements (all pages, even blank pages) from your primary bank account.

Please send the signed application along with the financial documentation to one of the below contacts:

- Email: Loans@lutheranfcu.org
- Fax on high resolution: (314) 394-2799
- Mail: Lutheran Federal Credit Union

10733 Sunset Office Drive Suite 406

St. Louis, MO 63127

MINISTRY CREDIT CARD APPLICATION

LOAN REQUEST

Member/Account Number: _____

Application Type: New Credit Card Credit Limit Increase Secured Credit Card

Type of Business:

LCMS Congregation Owned School LCMS District LCMS Congregation Owned School LCMS Connected Business
Secured Credit Card Only

Amount Requested: \$ _____

MEMBER INFORMATION

BUSINESS NAME

ADDRESS

DBA NAME(S)

PRIOR BUSINESS NAME (IF APPLICABLE)

BUSINESS EMAIL

TELEPHONE

YEAR BUSINESS ESTABLISHED

LFCU ACCOUNT MANAGER

TITLE

TYPE OF ORGANIZATION

INDIVIDUAL PROPRIETORSHIP PARTNERSHIP CORPORATION ASSOCIATION LLC NON-PROFIT OTHER:

CARDHOLDERS REQUESTED INFORMATION

(First 3 cards free; please see LutheranFCU cost recovery schedule on website for each additional card)

NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

PHONE NUMBER DRIVER'S LICENSE NUMBER/STATE ISSUE DATE EXPIRATION DATE

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SOURCES OF INCOME

Important Notice:

Please complete all fields, if does not apply please place "N/A".

LIST OF ASSETS

LIST OF LIABILITIES

DESCRIPTION	VALUE	LOAN TYPE	LENDER	BALANCE	MONTHLY PAYMENT
CHECKING (NAME OF INSTITUTION):		MORTGAGE LOAN			
SAVINGS (NAME OF INSTITUTION):		CREDIT CARD			
REAL ESTATE OWNED ADDRESS:		Type:			
OTHER:		Type:			
OTHER:		Type:			

FINANCIAL INFORMATION

INCOME / REVENUE	CURRENT FINANCIAL YEAR: _____	PREVIOUS FINANCIAL YEAR: _____
TOTAL ANNUAL INCOME		
NET PROFIT / NET LOSS		

IF A CONGREGATION / SCHOOL PLEASE COMPLETE THE FOLLOWING:

	CURRENT YEAR	PREVIOUS YEAR
CONGREGATION - Communicant Membership		
CONGREGATION - Average Weekly Attendance		
CONGREGATION - Number of Giving Units (if known)		
SCHOOL/CHILD DEVELOPMENT CENTER - Number of Students Enrolled		
SCHOOL/CHILD DEVELOPMENT CENTER - Number of Teachers Employed		

REQUIRED DOCUMENTATION

Most recent month's full bank statement (ALL pages even if blank) <i>*If your primary account with with LutheranFCU, we will obtain this for you.</i>	Balance Sheet for Current Year: Profit & Loss for Current Year:	Balance Sheet for Previous Year: Profit & Loss for Previous Year:
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CONSENT TO CONTACT

By executing this Application, you agree we and/or our third-party providers, including debt collectors, agents, representatives, assigns and servicers (collectively, the "Messaging Parties") may contact you by email or telephone at any telephone number associated with your account. Furthermore, you agree to notify us of any change to the telephone number(s) and email to which you have provided to us.

SIGNATURES

Minimum 2 signers chosen from the LutheranFCU deposit account. Account Manager **MUST** be one of those signers.

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what the entity owes. If there are any important changes, you will notify us in writing immediately. You understand that the Credit Union will rely on the information in this application to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. It is a crime to willfully and deliberately provide incomplete or incorrect information in this

application. The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower further grants to Credit Union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. By signing below or when any Cardholder listed above uses the card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

By: _____ By: _____
TITLE: ACCOUNT MANAGER DATE

TITLE: SIGNER DATE

By: _____ By: _____
TITLE: SIGNER DATE

TITLE: SIGNER DATE