

## Purpose of this Certification of the Control Person of the Non-Profit Organization

To provide your non-profit organization and you with excellent service, assist the non-profit organization with products and services, and fulfill our due diligence responsibilities under the law, we need to obtain information about the person who has significant management responsibility (control) over the non-profit organization (the control person). The non-profit organizations we need this certification for include non-profit corporations and similar entities that have filed their organizational documents with the appropriate State authority as required. This important information assists us in managing the products and services for the non-profit organization and provides us with the contact information for the key person who controls the non-profit organization in the event we need to contact her or him about any matter pertaining to the products and services the non-profit organization has with us. Thank you again for being a member of our credit union. We look forward to serving you!

## Instructions to Complete this Certification of the Control Person of the Non-Profit Organization

**Step 1:** In **SECTION 1** please provide the name of the non-profit organization and check the appropriate box that applies to the action you are taking on behalf of the non-profit organization (i.e., to a. join our credit union and start products and services, b. make a change to a product or service, c. add a new product or service, or d. notify us of a change to the control person of the non-profit organization. **Step 2:** In **SECTION 2** please identify and complete the requested information about the person who has significant management responsibility (control) over the non-profit organization, who we refer to as the, "control person." **Step 3:** In **SECTION 3** please read the short certification language, print your name and title, and sign your name and date on the line below. We thank you for your help in providing this important information!

### SECTION 1 NAME & ACTION YOU ARE TAKING ON BEHALF OF THE NON-PROFIT ORGANIZATION

1

Name of the Non-Profit Corporation or Similar Entity

Address

City

State

ZIP

a. Joining the credit union and starting products & services

c. Adding a new product or service

b. Changing a product or service

d. Notifying us of a change to the control person

### SECTION 2 INFORMATION ABOUT THE CONTROL PERSON FOR THE NON-PROFIT ORGANIZATION

2

Control Person Name

Title/Position

Date of Birth

Social Security Number

Mobile/Home Phone

Address

City

State

ZIP

ID Type and State

ID Number

Issue Date

Exp. Date

### SECTION 3 CERTIFICATION OF THE CONTROL PERSON INFORMATION FOR THE NON-PROFIT ORGANIZATION

3

I certify that all information about the non-profit organization and the control person provided above is true, complete and accurate as of the date of my signature below. I agree to notify the Credit Union immediately of any change to this information about the control person.

Please Print Your Name

Please Print Your Title/Position

Your Signature

Today's Date

**Questions? Please contact us anytime we're open for business!**

OFFICE USE ONLY					4
	CU Employee Name	ID #	Name of the Organization	Member#	Date Cert. Reviewed