

ACCOUNT NAME _____	ACCOUNT NO. _____
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Type of Entity: Sole Proprietorship General Partnership Limited Partnership LLC Church Organization Organization Corporation

SEE SHEET 2 FOR REQUIRED DOCUMENTATION

Dun & Bradstreet No. _____ (Name, Relationship - Please Print)

Street Address of entity _____

Mailing Address (if different) _____

Telephone Numbers _____

The qualification for membership is (check one):

Name of Parish _____ Member Account No. _____

Immediate family member of any of the above. Please provide name and if member, Account No. _____

Account(s) to be opened: Savings Account (\$25.00 minimum balance required) Checking Account Money Market Account Term Certificate

AGREEMENT

In this Business & Association Account Agreement and Signature Card, "I", "My", "Me" and "Member" mean each and every person who signs below. "You" and "Your" mean United Catholics Federal Credit Union ("United Catholics FCU"). I understand and agree that this Agreement shall govern the accounts established at the point of membership, or at a later time under this Agreement. I authorize you to open other accounts for me in person or per my telephone request. Accounts held in the name of a business, organization, or association member are subject to all of the conditions and terms contained in this Agreement for natural person accounts, and the following additional rules. United Catholics FCU reserves the right to require the business member to provide an account authorization card or other documentary evidence satisfactory to United Catholics FCU informing United Catholics FCU who is authorized to act on the business member's behalf. No POD beneficiary designation or other designation shall apply to the account. I agree to notify United Catholics FCU of any change in this representative authority of my agent. The United Catholics FCU may rely on my written authorization until such time as United Catholics FCU is informed of changes in writing and has had a reasonable time to act upon such notice. The United Catholics FCU may require that third-party checks payable to a business may not be cashed, but must be deposited to a business account. I agree that United Catholics FCU shall have no notice of any breach of fiduciary duties arising from any transactions by any agent of the account owner, unless United Catholics FCU has actual notice of such breach.

Agreement continued on Sheet 2

<p>1. Access Services - 24-hour Telephone Access (Audio Teller) to my accounts and/or Internet (Online Banking) will be established if indicated by your initial(s). A Personal Identification Number (PIN) will be established by calling (626) 974-4447</p> <p style="text-align: right;">To decline Online Banking Service, initial here _____</p>	
<p style="text-align: right;">To decline Audio Teller, initial here _____</p>	
<p>Debit Card & ATM Card - All accounts will be reviewed for an ATM Card or ATM/Debit Card, if approved, the card and PIN will be issued to me.</p> <p style="text-align: right;">To decline the ATM or ATM/Debit Card, initial here _____</p>	

2. Taxpayer Identification Number

<p>PART I. Taxpayer Identification Number</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	OR	<p>Social Security Number</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>PART II. For Payees Exempt From Backup Withholding (See Instructions)</p>		

Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the **Social Security Number**.

CERTIFICATION. - Under penalties of perjury, I certify that: (Item 1) The number shown on this form is my correct taxpayer identification number, (Item 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (Item 3) I am a U.S. person (including a U.S. resident alien).
 Instructions: Cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

3. Authorized Signer Information I certify that the address shown below is my current address. I agree to notify you of any change to this address.

<p>A. _____</p> <p>Name (1) _____ Title _____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Social Security Number _____ Drivers License Number _____ Date of Birth _____</p>	<p>B. _____</p> <p>Name (2) _____ Title _____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Social Security Number _____ Drivers License Number _____ Date of Birth _____</p>
<p>C. _____</p> <p>Name (3) _____ Title _____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Social Security Number _____ Drivers License Number _____ Date of Birth _____</p>	<p>D. _____</p> <p>Name (4) _____ Title _____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Social Security Number _____ Drivers License Number _____ Date of Birth _____</p>

See Sheet 2 for additional authorized signers if more than 4.

4. I/we hereby make application for membership in United Catholics Federal Credit Union. I/we agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth-In-Savings Disclosure and, if applicable, the Electronic Services Disclosure (receipt of which is hereby acknowledged and which are incorporated herein by this reference). I/we certify and affirm that by signing this Agreement, that I/we are authorized to act on behalf of the entity listed.

5. The Credit Union is authorized to transact business on this account upon the signature of any one of the authorized signers listed above.

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

<p>X _____</p> <p>Signature (1) _____ Date _____</p>	<p>X _____</p> <p>Signature (2) _____ Date _____</p>	<p>X _____</p> <p>Signature (3) _____ Date _____</p>	<p>X _____</p> <p>Signature (4) _____ Date _____</p>
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Documentation Required

For all account types

- Tax Identification Number (IRA Form W-9 or substitute)
- Social Security Number for each signer
- Photocopy of each signer's Driver License

Additional Information Required

1) Sole Proprietorship

- Copy of filled Fictitious Business Name Statement*
 - Proof of Publication*
- (*Fictitious Business Name Statement and Proof of Publication are not required if surname of owner is used in the name of the business unless the business name includes the implication of more than one owner.

2) Partnership

- Partnership Agreement-portion that identifies the general partners and their authority (for General Partnership-only)
- Fictitious Business Name Statement
- Proof of Publication

3) Limited Partnership

- Limited Partnership Agreement-portion that identifies the general partnership and their authority (for General Partnership-only)
- Certificate of Limited Partnership Form LP-1 (for limited partnerships only)
- Fictitious Business Name Statement
- Proof of Publication

4) Limited Liability Partnership

- Certified copy of registration filed with Secretary of State Form LLP-1
- Articles of Organization
- Operating Agreement, if applicable

5) Corporation - Non-Profit

- Articles of Incorporation
- Copy of filed Fictitious Business Name Statement (This would only be required if the corporation is not doing business under its corporate name)
- Proof of Publication (Same)
- Corporate Resolution or credifed minutes from Board of Directors meeting listing names and titles of corporate officers and listing those officers authorized to open and operate account signed by two or more officers.
- Statement of Information by Domestic Non-Profit Corporation of Section 1502

6) Corporation - For Profit

- Articles of Incorporation
- Copy of filed Fictitious Business Name Statement (This would only be required if the corporation is not doing business under its corporate name)
- Proof of Publication (Same)
- Corporate Resolution or credifed minutes from Board of Directors meeting listing names and titles of corporate officers and listing those officers authorized to open and operate account signed by two or more officers.
- Statement of Information by Domestic Stock Corporation

7) Unincorporated Association

- Copy of Constitution or Articles of Association, bylaws or other charter documents created upon formation
- On organization letterhead, resolution of the governing board or committee which includes list of names and titles of all those authorized to act on account signed by two or more organization officers.

Additional Authorized Signers

Authorized Signer Information I certify that the address shown below is my current address. I agree to notify you of any change to this address.

E. _____
 Name (1) Title

 Home Address

 City State Zip

 Social Security Number Drivers License Number Date of Birth

F. _____
 Name (2) Title

 Home Address

 City State Zip

 Social Security Number Drivers License Number Date of Birth

G. _____
 Name (3) Title

 Home Address

 City State Zip

 Social Security Number Drivers License Number Date of Birth

H. _____
 Name (4) Title

 Home Address

 City State Zip

 Social Security Number Drivers License Number Date of Birth

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

X _____
 Signature (5) Date

X _____
 Signature (6) Date

X _____
 Signature (7) Date

X _____
 Signature (8) Date

AGREEMENT (CONTINUED)

I authorize you to obtain credit history from Dun & Bradstreet on the business and previous bank account information from others to determine my initial account eligibility, eligibility for an ATM or ATM/Debit Card, and for offering me future credit opportunities. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this application and any other information you may receive.

Customer Identification Program Notice: Pursuant to federal law, the United Catholics FCU is required to verify the identity of any person seeking to open or add a signer or joint owner to any account and must maintain records of information used to verify the person's identity.

Specimens of the signatures of those that are authorized to make withdrawals from the Account(s) and to act in connection therewith are indicated below, and United Catholics FCU is authorized to act upon the request of Member bearing any of such signatures, including, but without limiting the generality of the foregoing, the pledging of this the Account(s) in whole or in part as security for any loan made by Credit Union to Member, until Member receives written notice of the authorization to supply any endorsement for the Member on any check or other instrument tendered for the account(s) and Credit Union is hereby relieved of any liability in connection with collection of such items which are handled by the Credit Union without negligence, and Credit Union shall not be liable for the acts of its agents, subagents or others for any casualty. Withdrawals may not be made on Account of such items until collected, and any amount not collected may be charged back to the Account(s), including expenses incurred, and any other outside expenses incurred relative to the Account(s) may be charged to Member.

GENERAL PLEDGE OR SHARES AND DEPOSITS: I pledge all paid shares and deposits and payments thereon, which I now have or hereafter may have with you to the extent of all unpaid balances due you. In case of default, I hereby authorize you to apply any and all such funds to the payment of the unpaid balances. However, I retain full access to any and all shares on deposit not specifically pledged as collateral. No lien or right to impress a lien on shares and deposits shall apply to any of my shares which may be held in an "Individual Retirement Account" (IRA).