

**Farmers & Merchants Bank of Bushnell**  
**BANKCARD SERVICES**  
**CERTIFICATION AND DIRECTIVE**

The undersigned representative(s) (whether one or more, the “Representative”) of the below named Company (the “Company”) hereby certifies to BankCard Services (“BankCard Services”) on behalf of Company that the following certificate and directive have (i) been approved by the authorized governing body of or the individuals comprising Company in accordance with the organizational documents of Company, and (ii) not been amended, modified or revoked as of the date hereof.

**Certification**

1. The name of Company is \_\_\_\_\_.
2. The physical address of Company is \_\_\_\_\_.
3. The federal tax identification number of Company is \_\_\_\_\_.
4. Company is, and at all times shall be, duly organized and validly existing under the laws of the state of its origin and the state where Company is located.
5. Company has the full power and authority to enter into and perform any and all agreements incidental to the bank card services provided to Company by BankCard Services and to authorize the persons designated herein to transact business on behalf of Company in connection with such bank card services.
6. Company has duly authorized the Representative to complete the Certification and Directive on behalf of Company.
7. Company will promptly notify BankCard Services in writing at the address first given above (or such other address as BankCard Services may designate from time to time) prior to: (a) any change in Company’s name; (b) any change in Company’s assumed business name; (c) any modification or rescission of the Directive below; or (d) any change in any other aspect of Company that directly or indirectly relates to any agreements between Company and BankCard Services.

**Directive**

1. BankCard Services is designated as Company’s provider of bank card services subject to such terms, conditions, rules and regulations of BankCard Services governing bank card services from time to time, and Company’s agreement with such terms, conditions, rules and regulations shall be conclusively presumed by Company’s use of the bank card services;
2. All acts and things done prior to the date hereof by or on behalf of Company in connection with the bank card services are hereby ratified, confirmed, and approved;
3. Any and all prior agreements by the Company concerning the bank card services continue in full force and effect as supplemented or modified herein.

4. Company, as any of the persons named below (the “Authorized Persons”) shall deem necessary or desirable, shall enter into and deliver such instruments, documents, agreements, and other writing as in the opinion of the Authorized Persons may be necessary or desirable to obtain the bank card services (the “BankCard Documents”). Each of the Authorized Persons is hereby authorized and directed (individually and without the joinder of any other Authorized Person) to enter into and deliver on behalf of Company, as the Authorized Person may deem necessary or desirable, any and all of the BankCard Documents contemplated by these Resolutions, each BankCard Document to be in form and content satisfactory to the Authorized Person(s), such satisfaction to be conclusively evidenced by the Authorized Persons execution of the same, and to do all such acts and things as in the opinion of the Authorized Persons may be necessary or desirable in connection with the bank card services. Any of the Authorized Persons may act on behalf of the Company without the joinder of any other person.

The Authorized Representatives are as follows:

| Name  | Title | Signature |
|-------|-------|-----------|
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |

**CONTINUING VALIDITY**. This Certification and Authorization shall remain in full force and effect and BankCard Services may rely upon it until written notice of its revocation or amendment shall have been delivered to, received, and acknowledged by BankCard Services. Any such notice shall not affect any of Company’s liabilities, obligations or agreements in effect at the time such notice is given.

BankCard Services may rely upon the foregoing Certification and Authorization in extending bank card products and services to Company.

**IN WITNESS WHEREOF**, the foregoing Certification and Authorization is executed and shall be effective on the date first stated below.

\_\_\_\_\_ Date  
 \_\_\_\_\_ Name:  
 \_\_\_\_\_ Title:

|                              |                                  |
|------------------------------|----------------------------------|
| <b>INTERNAL BANKCARD USE</b> |                                  |
| ATTEST _____                 | Accepted by BankCard Services on |
| Name: _____                  | _____, 20__                      |
| Title: _____                 |                                  |

# CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

## I. GENERAL INSTRUCTIONS

### 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 customers. 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 is required to be completed by the person opening or modifying an 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 foreign 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 customer (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 customer (an example could be a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer or Controller).

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 that the same individual will 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)).

You may also be asked to supply a copy of the driver's license/ passport or other identifying document for each beneficial owner or controller listed on this form.

If the beneficial owners lives greater than 60 miles from the bank, the documentation supporting this required information may be copied and sent (including a secure email or similar) to the customer service representative opening the account.

Account Number \_\_\_\_\_

Account Type \_\_\_\_\_

**II. CERTIFICATION OF BENEFICIAL OWNER(S)****Persons opening or modifying an account on behalf of a legal entity must provide the following information:**

a. Name of Person opening account or modifying the Business Relationship:

b. Name and Address of Legal Entity for Which the Account is Being Opened/Modified:

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 enter "Not Applicable" below and **explain the exemption reason** (i.e. All Ind. Own <25%; Charity/Non-Profit; etc.):

| Name | Date of Birth | Address (Residential or Business Street Address. Note if using Business.) | <i>For U.S. Persons: Social Security Number</i> | For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number | Employer and Occupation | % of Ownership (Optional) |
|------|---------------|---|---|---|-------------------------|---------------------------|
|      |               |   |   |   |                         |                           |
|      |               |   |   |   |                         |                           |
|      |               |   |   |   |                         |                           |
|      |               |   |   |   |                         |                           |

d. The following **REQUIRED** information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (an example could be a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer or Controller); 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 (full legal name) | Date of Birth | Address (Residential or Business Street Address) | For U.S. Person(s) Social Security Number | <i>For Non-US Persons:</i> Passport Number and Country of Issuance, driver's license and/or other similar ID number |
|------------------------|---------------|--|---|---|
|                        |               |  |   |   |

I, \_\_\_\_\_ (*name of natural person opening or modifying the account, please print*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_