Request to Establish Professional Power of Attorney (POA)

Professional Power of Attorney (POA) is a document that authorizes an entity (the Attorney-in-Fact, or AIF) to act on behalf of someone else (the Principal). An Agent is the person who is authorized to act on behalf of the professional organization. Any primary account owner or joint account owner on a consumer account may appoint an AIF to act on their behalf at BECU.

Help us to quickly process your request to establish professional power of attorney by providing a few things to get started:

- ☐ POA document naming the organization as the AIF
- ☐ Print and complete the Certificate of Professional Organization and Professional Organization's Agent as Attorney-In-Fact located on becu.org
- ☐ Gather the required documents and information (see below).

Documents required:

- ☐ Notarized BECU Certificate of Professional Organization and Professional Organization's Agent as Attorney-in-Fact
- ☐ BECU Certification Regarding Beneficial Ownership of Legal Entity Members located on becu.org
- ☐ POA documentation (a copy of this document is acceptable)
- ☐ A copy of the Agent's valid picture ID (for mailed or faxed requests only)
- ☐ Signed corporate resolution showing the Agent is authorized to act on behalf of the Professional Organization

Important information about establishing a professional power of attorney:

- The Principal's Social Security number (SSN) or Taxpayer Identification number (TIN) is required.
- In Washington state, the POA document must have two witness signatures and/or be notarized acknowledging the Principal's signature.
- If the original AIF is unable or unwilling to serve, BECU will require additional documentation prior to adding or changing the AIF.
- If more than one AIF is listed, the POA must grant the ability to act independently of one another.
- In South Carolina, the POA must be recorded with the county registrar office before it is valid for banking and financial matters. It also requires two witnesses and a notarial act to be recorded. The AIF and Principal must have valid forms of identification.
- If you have specific questions about your authority under the POA and the rights and access it allows, please seek legal advice.

What's next?

Return the completed application, required documents, and information by one of the following:

- In person to any BECU location. To find a location near you, visit All BECU Locations.
- Fax to 206-805-5612.
- Mail to:

  BECU
  Account Servicing M/S 1094-2
  PO Box 97050
  Seattle, WA 98124-9750

Once we have received your request, a representative may contact you to review the information provided. If you have any questions, please call a BECU representative at 800-233-2328. You can also send us a secure message using Messenger in Online and Mobile Banking.

CERTIFICATE OF PROFESSIONAL ORGANIZATION AND PROFESSIONAL ORGANIZATION'S AGENT AS ATTORNEY-IN-FACT

1. Professional Organization Information

NAME OF PROFESSIONAL ORGANIZATION ACTING AS ATTORNEY-IN-FACT		EIN / TIN	BUSINESS PHONE
ADDRESS		CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY	

2. Agent Information

AGENT NAME				SSN / TIN	PHONE
ADDRESS				CITY	
STATE / PROVINCE	ZIP / POSTAL CODE			COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	

3. Principal Information

PRINCIPAL NAME	SSN / TIN

4. Attorney-in-Fact Affidavit

The undersigned PROFESSIONAL ORGANIZATION ATTORNEY-IN-FACT'S AGENT, declares under penalty of perjury:

1. I am the authorized Agent of the professional organization, _____ , named as Attorney-in-Fact in the attached Power of Attorney.
2. To the best of my knowledge the Principal is still alive, and to the best of my knowledge, at the time the Power of Attorney was signed, the Principal was competent to execute the document and was not under undue influence to sign the document.
3. The event giving rise to the Power of Attorney being effective has occurred. The steps necessary to make the Power of Attorney effective have been completed.
4. I have no actual knowledge that the Power of Attorney or the above-named professional organization as the Attorney-in-Fact has been revoked, terminated, limited, or modified. The professional organization continues to have all the powers given to the professional organization as Attorney-in-Fact under the Power of Attorney.
5. I have no actual knowledge of the existence of other circumstances that would limit, modify, revoke, or terminate the Power of Attorney or my authority to take the actions as I propose to BECU from time to time and my authority to initiate withdrawals from and deposits to any and all accounts by the Principal.
6. In acting under the Power of Attorney, I am acting and will continue to act in good faith pursuant to the authority given to me as Attorney-in-Fact.

I _____ (Agent) on behalf of _____ (Organization) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNATURE	DATE	PLACE

5. Agent Acting on Behalf of Attorney-in-Fact Instructions and Acknowledgement

1. I acknowledge that unless specifically stated in the Power of Attorney, I cannot: 1) change or alter account ownership; 2) add or delete a beneficiary from the account; 3) empower others to act on the Principal's behalf.
2. I acknowledge and agree that BECU may receive information about my credit history and performance from others, including credit reporting agencies.
3. I acknowledge and agree that the Power of Attorney does not prevent the Principal from accessing and managing his or her accounts.
4. I acknowledge that I will not have access to the Principal's accounts by way of Online Banking.
5. I will notify BECU if any of the above statements are no longer true, and until such notification, the above statements continue to be true and BECU can rely on those statements.

AGENT SIGNATURE

6. Notary Public

STATE OF	COUNTY OF	DAY OF	NOTARY STAMP
NAME OF NOTARY (typed or printed)			
RESIDING AT			
I certify that I know or have satisfactory evidence that the above Agent for the professional organization Attorney-in-Fact is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.			
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	

BECU Use Only

- ☐ OFAC completed for the Professional Organization
- ☐ OFAC completed for each Agent
- ☐ IDV completed for each Agent
- ☐ OFAC completed for each Principal
- ☐ IDV completed for each Principal
- ☐ Qualifile completed for each Principal

BECU Rep Initials	Date

Return the completed form in person to any BECU location or by mail to:
BECU Mail Stop 1094-2 PO Box 97050 Seattle, WA 98124-9750 or by fax to 206-805-5612
To find a location near you, visit becu.org/locations.

Certification Regarding Beneficial Owners of a Legal Entity

All form fields are required unless otherwise noted.

Sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf do not need to complete this form.

Questions? Contact Boeing Employees' Credit Union (BECU) at **800-704-8080**.

Step 1. Purpose of this form

Federal regulations require financial institutions to obtain, verify, and record certain information, some of which is collected on this form.

Legal Entities can be used 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 (the Beneficial Owners and the Control Person) helps law enforcement investigate and prosecute these crimes.

Step 2. Legal Entity information

Legal Entity Name
Provide the full legal name of the business as registered with the secretary of state or department of revenue, not a trade name or "doing business as" (DBA) name.

Legal Entity Type

◯ Partnership ◯ Corporation ◯ LLC ◯ Club

Federal Tax Identification Number (TIN)
Enter the TIN the Legal Entity uses to file its business taxes.

Street Address (must be a physical address in the United States)

City	**State**	**ZIP Code**

Country	**Phone** (numbers only, no dashes)

Step 3. Beneficial Owner(s) with 25% or more ownership

A Beneficial Owner is not the same as a beneficiary. A Beneficial Owner is each individual who owns, directly or indirectly, 25% or more of the equity interests of the Legal Entity. (For example, each natural person that owns 25% or more of the shares of a corporation is a Beneficial Owner.)

You must list **all** Beneficial Owners with 25% or more ownership unless there are no such owners (for example, non-profit organizations), in which case you may check the box stating there are no Beneficial Owners.

☐ There are no Beneficial Owners with 25% or more ownership. Proceed to Step 4.

Beneficial Owner 1

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Ownership Stake** %	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial Owner 2

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Ownership Stake** %	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial Owner 3

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Ownership Stake** %	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial Owner 4

First Name	Middle Name (optional)	Last Name	Suffix

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	Ownership Stake %	Date of Birth (mm/dd/yyyy)

Physical Home Address

City	State / Province

ZIP / Postal Code	Country

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes)
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- ◯ This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 4. Control Person

Who is a Control Person?

You must designate as the Control Person an individual with significant responsibility to control, manage, or direct the Legal Entity. This person does **not** need to be an owner of the Legal Entity, but they must be a high-level official in the legal entity, who is responsible for how the organization is run, and who will have access to a range of information concerning day-to-day operations.

What if this person was already listed in Step 3?

If an individual meets the definition of both Beneficial Owner with 25% or more ownership and Control Person, you must list them in both sections.

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	**Date of Birth** (mm/dd/yyyy)

Physical Home Address

City	**State / Province**

ZIP / Postal Code	**Country**

Social Security Number, ITIN, or Alternate Identification

- ◯ Social Security number: _____ (9 digits, numbers only, no dashes).
- ◯ Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes).
- ◯ The Control Person does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 5. Information about the person completing and signing this form

Who is completing and signing this form?

◯ An Owner listed in Step 3 or the Control Person listed in Step 4, above. Proceed to Step 6.

◯ Someone else. Please provide your details below.

First Name	**Middle Name** (optional)	**Last Name**	**Suffix**

Role / Position in the Business

Social Security Number or ITIN (or Alternate Identification)

◯ Social Security number: _____ (enter 9 digits, numbers only, no dashes).

◯ Individual Tax ID Number (ITIN): _____ (enter 9 digits, numbers only, no dashes).

◯ I do not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	**ID Type**	**Country of Issuance**

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 6. Certification and agreement

By signing below, I agree to the following:

- I authorize BECU to access the FinCEN beneficial ownership database (https://www.fincen.gov/boi) to validate the Legal Entity's beneficial ownership information.
- If the Legal Entity has a BECU deposit account or loan with an automatic renewal feature, I agree that the account holder will notify BECU of any changes to the information provided on this form. If BECU receives no notification of any changes, BECU will treat the automatic renewal as certification that the information is current and accurate.
- I certify, to the best of my knowledge, that the information provided on this form is complete and correct.

Signature	**Printed Name**	**Date** (mm/dd/yyyy)

For BECU use only

☐ ID verified Org Number: _____