

Business Member Service Agreement

Part 1 • P2



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| | | |
|----------------------------|-------------------------|---|
| MEMBER NUMBER _____ | ACCOUNT(S) _____ | 2 |
|----------------------------|-------------------------|---|

REPRESENTATIVE(S) INFO (A representative (a "Signer" in our data processor) may start, *conduct transactions*, change, add and terminate an account, product or service for the business or organization.) 4

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|------------------------------------|------------------------------|--|--|-------------|-----------|---|
| Representative 4 Name _____ | Title _____ | Physical Home Address _____ | City _____ | State _____ | ZIP _____ | 0 |
| Home Phone _____ | Mobile Phone _____ | Mailing Address (if different from physical address) _____ | City _____ | State _____ | ZIP _____ | |
| E-mail _____ | Social Security Number _____ | Date of Birth _____ | Driver's License - State, Number and Exp. Date _____ | | | |
| Employer/Retired From _____ | Occupation/Profession _____ | Work Phone _____ | | | | |

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|------------------------------------|------------------------------|--|--|-------------|-----------|---|
| Representative 5 Name _____ | Title _____ | Physical Home Address _____ | City _____ | State _____ | ZIP _____ | 0 |
| Home Phone _____ | Mobile Phone _____ | Mailing Address (if different from physical address) _____ | City _____ | State _____ | ZIP _____ | |
| E-mail _____ | Social Security Number _____ | Date of Birth _____ | Driver's License - State, Number and Exp. Date _____ | | | |
| Employer/Retired From _____ | Occupation/Profession _____ | Work Phone _____ | | | | |

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|--------------------------------------|-------------|---------------------|---------------------------|--|----------|---|
| Beneficial Owner 2 Name _____ | Title _____ | Date of Birth _____ | Social Security No. _____ | Physical Home Address/City/State/ZIP _____ | ID _____ | 0 |
|--------------------------------------|-------------|---------------------|---------------------------|--|----------|---|

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|--------------------------------------|-------------|---------------------|---------------------------|--|----------|---|
| Beneficial Owner 3 Name _____ | Title _____ | Date of Birth _____ | Social Security No. _____ | Physical Home Address/City/State/ZIP _____ | ID _____ | 0 |
|--------------------------------------|-------------|---------------------|---------------------------|--|----------|---|

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|--------------------------------------|-------------|---------------------|---------------------------|--|----------|---|
| Beneficial Owner 4 Name _____ | Title _____ | Date of Birth _____ | Social Security No. _____ | Physical Home Address/City/State/ZIP _____ | ID _____ | 0 |
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INFORMATION USER INFO (An information user (a "Limited Access Role" in our data processor) will have a limited access role and can access information about the business or org. for the accounts listed above.) 6

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|------------------------------------|------------------------------|--|--|-------------|-----------|---|
| Information User Name _____ | Title _____ | Address _____ | City _____ | State _____ | ZIP _____ | 0 |
| Home Phone _____ | Mobile Phone _____ | Mailing Address (if different from physical address) _____ | City _____ | State _____ | ZIP _____ | |
| E-mail _____ | Social Security Number _____ | Date of Birth _____ | Driver's License - State, Number and Exp. Date _____ | | | |
| Employer/Retired From _____ | Occupation/Profession _____ | Work Phone _____ | | | | |

ACKNOWLEDGMENT The business or organization is or applies to be a member of Vermont State Employees Credit Union ("we", "us" & "our"), and authorizes its representative(s) to take **8** actions and *conduct transactions* according to our Business Member Service Agreement (the BMSA Parts 1 & 2). The business or organization and its representative(s) ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the BMSA, which includes the Electronic Funds Transfer, Funds Availability and Rate & Fee disclosures (and which, along with *our records*, comprise the *terms* of the BMSA). Part 2 has been emailed to Representative 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification, and note the beneficial owners and control person of the business or organization. We may also obtain and use credit and account reports on the business, organization, representatives and information users to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the BMSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the BMSA and have no obligation to rely on any other documentation. We may change the BMSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the BMSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the BMSA.

1. Authority of a Representative and Information User. You agree that each representative and information user named in Part 1 of the BMSA is authorized to act on behalf of you for the accounts, products and services with us based on the designated authority and Certificate of Authority & Liability below and as explained in the Part 2 of the BMSA. You understand a representative may *conduct transactions on and take action* to start, maintain, change, add or terminate accounts, products and services, and an information user may access information about accounts, products and services, on behalf of the business or organization. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. You affirm that the account(s), product(s) and service(s) with us are for the business or organization, and that the name provided is the complete and correct name of the business or organization to be used for the account(s), product(s) and service(s) with us. Each officer, director, shareholder, partner, principal, owner, member, manager, employee, board/committee person, volunteer, fiduciary and other authorized person (as applicable) warrants that the business or organization has been duly formed and currently exists.

2. Certificate of Authority & Liability. You understand and agree that the authority given to a representative and information user named on Part 1 and addressed in Part 2 of the BMSA will remain in full force until we receive written notice otherwise. A representative must notify us of any change to any aspect of the business (including beneficial owners or the control person) or organization that affects the BMSA when the change occurs, and you agree that we are not liable for any losses due to the failure to timely notify us of such changes. You certify the business or organization does not engage in internet gambling business and agree to notify us before engaging in any such business in the future. You and each representative and information user understand and agree to indemnify us against and hold us harmless from any claim or liability that results from the acts of any current (or former) representative and information user upon which we rely before notice of any change to an account, product or service or the business or organization. To assure consent to and accuracy of the BMSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the BMSA. *The IRS does not require your consent to any provision of the BMSA other than the certification required to avoid backup withholding* (in Section 7 on page 1).

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|----------------------------------|------------|----------------------------------|------------|----------------------------------|------------|
| Representative 1 Signature _____ | Date _____ | Representative 2 Signature _____ | Date _____ | Representative 3 Signature _____ | Date _____ |
| Representative 4 Signature _____ | Date _____ | Representative 5 Signature _____ | Date _____ | Information User Signature _____ | Date _____ |

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|------------------------|--|---|---|
| OFFICE USE ONLY | CU Employee Name _____ ID Number _____ | This is Page 2 of the BMSA Part 1 _____ | 9 |
| | <input type="checkbox"/> OIC AIT _____ DP Name _____ DP Card(s) Order Date _____ | Date _____ | |