

MEMBER IDENTIFICATION INFORMATION

MEMBER IDENTITY INFORMATION			
Member/Owner Name:	Date	of Birth:	Member #:
Mailing Address:	City/	State/Zip:	
Physical Address:	City/	State/Zip:	
☐ Residence ☐ Business	Eligi	bility:	
GOVERNMENT ISSUED IDENTIFICATION			
SSN/EIN:			
If you do not have a SSN/EIN you must provide AT LEAST ONE of following:			
☐ Individual Taxpayer Identification Number:			
☐ Alien Identification Number:			
□ Passport Number:		Country:	
☐ Other Government Issued Document No:			
(with photograph or similar safeguard) Describe Document:			
Describe Document.			
DOCUMENTARY VERIFICATION			
La Partirata			
Individuals	Ctoto	Janua Datas	Fun Data
☐ Driver's License No: ☐ Armed Forces ID No:	_ State:	Issue Date:	Exp. Date:
☐ Passport No: Counti	r\/·	Issue Date	Exp. Date:
☐ Other Document No:	. y	Issue Date:	Exp. Date:
Describer Document:			
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Business and Other Organizations			
☐ Certified Articles of Incorporation Dated:		State:	
☐ Partnership Agreement Dated:		State:	
Names of Partners		La Data	
☐ Business License No:		issue date:	Exp. Date:
Trust Instrument Dated: Name	of Grantor(s):		
Issuing Authority: ☐ Trust Instrument Dated: ☐ Other Documents showing existence of entity (describe):			
NOTARY INFORMATION			
Form must be notarized if not completed by an Entrust Federal Credit Union employee. Place Notary Seal Here			
I certify that the information provided above is my true and correct identity information. Member/Owner Signature:			
-			
State of, County/City/Town of			
This person named heron personally came before me and signed above on this, the day of,			
Notary Signature: My commission expires on			
STAFF COMPLETION DOCUMENTATION			
Verification Completion Date:			□ DD Innight:
Verification Completion Date: By: List Verification Completion Date: By:			☐ DP Insight:
By: By:		□ ID Report	
State any discrepancy in the identity information provide resolution of the discrepancy	ed above disco	vered through the identific	cation process and the