



1801 Dabney Road
PO Box 6882
Richmond, VA 23230

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 Eligibility: _____

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: _____ Country: _____
(with photograph or similar safeguard)
Describe Document: _____

DOCUMENTARY VERIFICATION

Individuals

- Driver's License No: _____ State: _____ Issue Date: _____ Exp. Date: _____
- Armed Forces ID No: _____ Issue Date: _____ Exp. Date: _____
- Passport No: _____ Country: _____ Issue Date: _____ Exp. Date: _____
- Other Document No: _____ Issue Date: _____ Exp. Date: _____
Describe Document: _____ Issuing Authority: _____

Business and Other Organizations

- Certified Articles of Incorporation Dated: _____ State: _____
- Partnership Agreement Dated: _____ State: _____
Names of Partners _____
- Business License No: _____ Issue Date: _____ Exp. Date: _____
Issuing Authority: _____
- Trust Instrument Dated: _____ Name of Grantor(s): _____
- Other Documents showing existence of entity (describe): _____

NOTARY INFORMATION

Form must be notarized if not completed by an Entrust Financial Credit Union employee.

Place Notary Seal Here

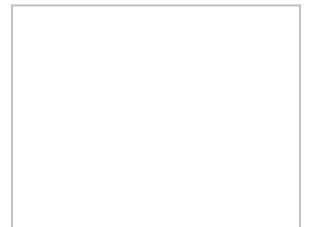
I certify that the information provided above is my true and correct identity information.

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: _____ By: _____ OFAC DP Insight: _____
List Verification Completion Date: _____ By: _____ ID Report

State any discrepancy in the identity information provided above discovered through the identification process and the resolution of the discrepancy. _____