

ATTESTATION OF OWNERSHIP AND INTENT

I do state as follows:-

- (1) I do not maintain jointly or singularly any account(s) with any Licensed Financial Institution (bank) within the ECCU.
- (2) I never had an account which was closed at the request of a Licensed Financial Institution (LFI).
- (3) My anticipated deposits will not exceed \$36,000 per annum.
- (4) I certify that this account is for the sole benefit of the account holder(s) and will not be used for any third parties.
- (5) I understand that providing false information may result in the closure of this account and potential legal action.

Signed by: Date

Witnessed by:
(supervisor or higher) Date

BOSVG
Doing more Together