PURDUE FEDERAL
CREDIT UNION

PO Box 1950
West Lafayette, IN 47996
765.497.3328 // 800.627.3328
PURDUEFED.COM

LIMITED PARTNERSHIP AUTHORIZATION RESOLUTION

BUSINESS INFORMATION

Business Legal Name

Trade Name (if different from legal name)

Tax ID | Member Number | Agreement Date

The undersigned ("Partners") certify that they are the only partners of the above named Limited Partnership ("LP") or Limited Liability Partnership ("LLP"), organized under the laws of (state), engaged in business under the above trade name, and that the attached resolutions on this document are a true and correct copy of the resolutions adopted at a meeting of the Partners held on (date of meeting)

POWERS

A. All Deposit Powers (excludes Lending).

- Open, close, maintain and operate a savings, checking, share certificate or money market account at Purdue Federal Credit Union ("Purdue Federal");
- Endorse and deposit checks and orders for the payment of money or otherwise, and to sign checks or orders for payment of money, withdraw or transfer funds in the LP/LLP's accounts at Purdue Federal;
- Enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals or transfers initiated through an ATM, point-of-sale terminal, telephone, computer using an access device like a debit card, code, or similar means;
- Enter into and execute wire transfer agreements that authorize transfers by telephone or other communication systems permitted by LP/LLP;
- Enter into and execute payment services agreements that allow for electronic bill payment and other electronic transfer services provided by the credit union;
- If eligible per credit union policies, enable this business account to be connected via online digital banking to other accounts held at the credit union; and
- Register the business to use online digital banking, so long as such Authorized Signer is either the owner of the business, a beneficial owner, or the controlling manager of the business (as set forth below).

LENDING AND SAFE DEPOSIT BOX POWERS

B. All Lending and Safe Deposit Box Powers

- Borrow money on behalf and in the name of the LP/LLP, sign, execute and deliver promissory notes or other evidences of indebtedness, request credit cards; and
- Enter into a lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box at Purdue Federal.

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SIGNERS AND APPOINTED POWERS

BE IT RESOLVED THAT, the Partners appoint the following duly Authorized Signer(s) to exercise the powers (A-B) listed below:

Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____
Name:	_____	Powers:	_____

ACCOUNT POWER AND AUTHORITY

If checked, the appointed powers and authorities granted to Authorized Signers under this resolution apply to:

ALL ACCOUNTS

SPECIFIED ACCOUNTS – *listed in the attached Additional Account List*

DIGITAL BANKING ADMIN

The Authorized Signer named below has the access to create new users, manage user authorities, account access, etc. in Digital Banking (Owner, President, Partner, CEO, CFO or someone with significant control):

Name: _____

CORPORATE TRANSPARENCY ACT

LP/LLP grants authorization to Purdue Federal to access our FinCEN records under the Corporate Transparency Act. **YES** **NO**

BE IT RESOLVED THAT, this resolution shall continue to have effect until express written notice of its rescission or modification has been received by Purdue Federal. Any revocation, modification or replacement of a resolution must be accompanied by documentation satisfactory to Purdue Federal, establishing the authority for the changes.

BE IT RESOLVED THAT, if indicated above, this resolution and the powers and authorities granted to Authorized Signers apply to all accounts for the LP/LLP or all specified accounts listed in the attached Additional Account List.

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BE IT RESOLVED THAT, all transactions, if any, with respect to any deposits, withdrawals and borrowings by or on behalf of said LP/LLP with Purdue Federal prior to the adoption of this resolution are hereby ratified, approved and confirmed.

BE IT RESOLVED THAT, if indicated affirmatively above, authorization is granted to Purdue Federal under this resolution to access our FinCEN records under the Corporate Transparency Act. This resolution confirms the LP has not revoked any prior authorization granted to Purdue Federal under the Corporate Transparency Act.

BE IT RESOLVED THAT, should the LP/LLP change entity form or ownership, the above-signed shall promptly notify Purdue Federal in writing.

BENEFICIAL OWNERSHIP

BE IT RESOLVED THAT, the Partners certify the following information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If LP/LLP has Partners that are other business entities, you must drill down to individual ownership level.)

NAME	BIRTH DATE	ADDRESS	Ownership %	FOR U.S. PERSONS	FOR FOREIGN PERSONS
				Social Security #	*Passport # and Country of Issuance or Other Similar Foreign Country Issued Identification Document*

BE IT RESOLVED THAT, the Partners certify the following information for one individual with significant responsibility for managing the LP/LLP (can be the same as a person listed above for ownership, or can be an executive officer or senior manager).

NAME	BIRTH DATE	ADDRESS	FOR U.S. PERSONS	FOR FOREIGN PERSONS
			Social Security #	*Passport # and Country of Issuance or Other Similar Foreign Country Issued Identification Document*

CERTIFICATION OF AUTHORITY

I further certify that the Partners have, and at the time of adoption of the above resolution had, full power and lawful authority to adopt the resolutions and confer the powers granted above to the person named who has full power and lawful authority to exercise the same. (Apply corporate seal if applicable.)

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In witness whereof, I have subscribed my name to this document and affixed the seal of the Partnership where applicable.

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: Partner Title: Partner

Date: _____ Date: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: Partner Title: Partner

Date: _____ Date: _____

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ADDITIONAL ACCOUNT LIST

The Authorized Signer(s), and the powers they are appointed under this resolution, apply to these accounts:

Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	
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Account No:		Account No:	
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