

# Account Agreement

Date: 08/03/2022

## Institution Name & Address

Guaranty Bank & Trust, N.A. - Fort Worth  
500 W 7th St, Ste 150  
Fort Worth, TX 76102-4700

Internal Use 13434561

## Account Title & Address

United States Armed Forces Foundation *Inc.*

209 W 2nd St # 121  
Fort Worth, TX 76102-3021

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

## Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms & Conditions
- Truth in Savings
- Funds Availability
- Electronic Fund Transfers
- Privacy
- Substitute Checks
- Common Features
- ATM Safety Precautions, Subaccount

See Owner/Signer Information for Convenience Signer Designation(s).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## Owner/Signer Information 1

Name	William M Winslow	
Relationship	Auth Signer	
Address	209 W 2nd St # 121, Fort Worth, TX 76102-3021	
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	State ID	
Other ID (description, details)		
Employer	US Armed Forces Foundation Inc/Administrator	
Previous Financial Inst.		
E-Mail	williamwinslow@us-armedforces-foundation.com	
Work Phone		
Home Phone:	Mobile Phone: (214) 208-6457 Primary	
Birth Date:	SSN/TIN: ***-**-1161	

## Owner/Signer Information 2

Name		
Relationship		
Address		
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)		
Other ID (description, details)		
Employer	/	
Previous Financial Inst.		
E-Mail		
Work Phone		
Home Phone:	Mobile Phone:	
Birth Date:	SSN/TIN:	

## Ownership of Account

The types of accounts provided by Texas law have been disclosed on the separate Single-Party or Multiple-Party Account Selection Form Notice (Selection Form Notice), on which the undersigned have initialed to designate the ownership type selected. The undersigned acknowledge(s) receipt of a copy of the completed Selection Form Notice.

- \_\_\_\_\_
- Sole Proprietorship or Single Member LLC
  - Partnership
  - LLC-enter tax classification ( C Corp  S Corp  Partnership)
  - C Corporation  S Corporation  \_\_\_\_\_
  - Trust-Separate Agreement Dated: \_\_\_\_\_
  - Corporation Non Profit

(1):  *W.M. Winslow AC56*  
*U.S. ARMY 49711Z*  
William M Winslow

I.D. # \*\*\*-\*\*-1161 D.O.B. \_\_\_\_\_

(2):  \_\_\_\_\_

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3):  \_\_\_\_\_

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4):  \_\_\_\_\_

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	/
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	/
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Backup Withholding Certifications	
(If not a "U.S. Person", certify foreign status separately)	
<input checked="" type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number - TIN: 87-4591256</b> The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding.</b> I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients.</b> I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____	
<b>FATCA Code.</b> The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	

**Important Account Opening Information.** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Non-Individual Owner Information	
Name	United States Armed Forces Foundation INC.
State/Country & Date of Organization	Texas
Nature of Business	
Address	209 W 2nd St # 121, Fort Worth, TX 76102-3021
Mailing Address (if different)	
Authorization/Resolution Date	08/03/2022
Previous Financial Inst.	
E-Mail	williamwinslow@us-armedforces-foundation.army
Phone	
EIN: 87-4591256	Mobile Phone: (214) 208-6457 Primary

Account Description	Account #	Initial Deposit/Source
Smart Business Checking	13434561	\$ 0.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information	

# Corporate Authorization Resolution

Guaranty Bank & Trust, N.A.  
Fort Worth  
500 W 7th St, Ste 150  
Fort Worth, TX 76102-4700

By: United States Armed Forces Foundation *SAC*  
  
209 W 2nd St # 121  
Fort Worth, TX 76102-3021

*Referred to in this document as "Financial Institution"*

*Referred to in this document as "Corporation"*

I, William M Winslow, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Texas, Federal Employer I.D. Number 87-4591256, engaged in business under the trade name of \_\_\_\_\_, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 08/03/2022 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

**Agents.** Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>William M Winslow Secretary</u>	X <i>W.M. Winslow ACS4</i> <i>U.S. Army 997N2</i>	X _____
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

**Powers Granted.** (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
_____	(1) Exercise all of the powers listed in this resolution.	_____
A _____	(2) Open any deposit or share account(s) in the name of the Corporation.	1 _____
A _____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1 _____
_____	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

**Limitations on Powers.** The following are the Corporation's express limitations on the powers granted under this resolution. Powers granted for account number 13434561.

See Resolution Addendum for additional information. Any aforementioned officer of the Corporation may designate or remove authorized signers on this account with this Financial Institution.

### Resolutions

**The Corporation named on this resolution resolves that,**

- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Effect on Previous Resolutions.** This resolution supersedes resolution dated \_\_\_\_\_ previously . If not completed, all resolutions remain in effect.

**Certification of Authority**

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on  
08/03/2022 (date).

*W. M. Winslow ACSB*  
*U.S. Army 997N2*  
Secretary ADMINISTRATOR  
William M Winslow

\_\_\_\_\_  
Attest by One Other Officer

**For Financial Institution Use Only**

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials)

This resolution is superseded by resolution dated \_\_\_\_\_

**Comments:**

