

# Certification of Beneficial Owners of Legal Entity Customer

<b>Name of Legal Entity:</b>	<b>Type of Legal Entity:</b>
<b>Name of Natural Person Opening Account on behalf of Legal Entity:</b>	<b>Title of Natural Person Opening the Account:</b>

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

In addition to obtaining this information, we may also ask to see a copy of a driver's license or other identifying documents for each individual listed on this form (beneficial owners, if any, as well as control person.)

## SECTION ONE: BENEFICIAL OWNERS

Provide 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. Note: There will never be more than four individuals with reportable beneficial ownership interest and there may be as few as none if no individual owns 25% or more.

Check the appropriate box below and proceed as directed:

Check here if no individual owns directly or indirectly 25% or more of the Legal Entity; proceed to SECTION TWO.

OR

Check here if one or more individuals (up to a maximum of four individuals) own directly or indirectly 25% or more of the Legal Entity; provide the required information for each beneficial owner in the chart below.

<b>BENEFICIAL OWNERS</b>	<b>IDENTIFICATION DOCUMENTATION**</b>
<b>Beneficial Owner #1</b> Ownership Percentage: (25% or greater): _____ % Last Name: _____ First Name: _____ Middle Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Date of Birth (MM/DD/YYYY): _____	<b>Beneficial Owner #1</b> U.S. Person <input type="checkbox"/> SSN: _____ ID Document: _____ ID#: _____ ID Place Issued: _____ ID Expiration (MM/DD/YYYY): _____  Non-U.S. Person <input type="checkbox"/> SSN/ITIN (if applicable): _____ ID Document: _____ ID#: _____ ID Place Issued: _____ ID Expiration (MM/DD/YYYY): _____
	<p>*Other government-issued ID must evidence nationality or residence and bear a photograph or other safeguard.</p>

\*\*Social Security Number is expected for US. Persons; Non U.S. Persons may have an ITIN.

\*\* Acceptable Identification for US. Persons includes a driver's license, U.S. Passport or similar unexpired government-issued identification with a picture. Non-US Persons must have a Passport or other unexpired government-issued identification with a picture.

**BENEFICIAL OWNERS****IDENTIFICATION DOCUMENTATION\*\*****Beneficial Owner #2****Beneficial Owner #2**

Ownership Percentage: (25% or greater): \_\_\_\_\_ %  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY): \_\_\_\_\_

U.S. Person   
 SSN: \_\_\_\_\_  
 ID Document: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 ID Place Issued: \_\_\_\_\_  
 ID Expiration (MM/DD/YYYY): \_\_\_\_\_

Non-U.S. Person   
 SSN/ITIN (if applicable): \_\_\_\_\_  
 ID Document: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 ID Place Issued: \_\_\_\_\_  
 ID Expiration (MM/DD/YYYY): \_\_\_\_\_

\*Other government-issued ID must evidence nationality or residence and bear a photograph or other safeguard.

**BENEFICIAL OWNERS****IDENTIFICATION DOCUMENTATION\*\*****Beneficial Owner #3****Beneficial Owner #3**

Ownership Percentage: (25% or greater): \_\_\_\_\_ %  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY): \_\_\_\_\_

U.S. Person   
 SSN: \_\_\_\_\_  
 ID Document: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 ID Place Issued: \_\_\_\_\_  
 ID Expiration (MM/DD/YYYY): \_\_\_\_\_

Non-U.S. Person   
 SSN/ITIN (if applicable): \_\_\_\_\_  
 ID Document: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 ID Place Issued: \_\_\_\_\_  
 ID Expiration (MM/DD/YYYY): \_\_\_\_\_

\*Other government-issued ID must evidence nationality or residence and bear a photograph or other safeguard.

**BENEFICIAL OWNERS****IDENTIFICATION DOCUMENTATION\*\*****Beneficial Owner #4****Beneficial Owner #4**

Ownership Percentage: (25% or greater): \_\_\_\_\_ %  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY): \_\_\_\_\_

U.S. Person   
 SSN: \_\_\_\_\_  
 ID Document: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 ID Place Issued: \_\_\_\_\_  
 ID Expiration (MM/DD/YYYY): \_\_\_\_\_

Non-U.S. Person   
 SSN/ITIN (if applicable): \_\_\_\_\_  
 ID Document: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 ID Place Issued: \_\_\_\_\_  
 ID Expiration (MM/DD/YYYY): \_\_\_\_\_

\*Other government-issued ID must evidence nationality or residence and bear a photograph or other safeguard.

**SECTION TWO:**



Provide the following information for one individual who has significant responsibility for managing the Legal entity customer. Such an individual might be an executive officer or senior manager, (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer) or any other individual who performs similar functions.

<b>CONTROL PERSON</b>	<b>IDENTIFICATION DOCUMENTATION**</b>
<p><input type="checkbox"/> If checked, the Control Person is also a Beneficial Owner and identification information has already been obtained in the Beneficial Owner section above.</p> <p>Last Name: _____ First Name: _____ Middle Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Date of Birth (MM/DD/YYYY): _____</p>	<p>U.S. Person <input type="checkbox"/></p> <p>SSN: _____ ID Document: _____ ID#: _____ ID Place Issued: _____ ID Expiration (MM/DD/YYYY): _____</p> <p>Non-U.S. Person <input type="checkbox"/></p> <p>SSN/ITIN (if applicable): _____ ID Document: _____ ID#: _____ ID Place Issued: _____ ID Expiration (MM/DD/YYYY): _____</p> <p>*Other government-issued ID must evidence nationality or residence and bear a photograph or other safeguard.</p>

I, \_\_\_\_\_  
*(Print name of owner or control person attesting to beneficial ownership)*

**Certify, to the best of my knowledge, that the information provided above is complete and correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_