CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMER

<u>Purpose:</u> The purpose of this form is to help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify and record information about beneficial owners of legal entities. Requiring the disclosure of key individuals who own or control legal entity helps law enforcement investigate and prosecute those crimes. For financial services or products established before May 11, 2018, covered financial institutions must obtain certified beneficial ownership information of the legal entity customers at the time of the first renewal of such services or products.

I. GENERAL INSTRUCTIONS:

Who has to complete this form?

This form must be completed by a natural person authorized by the legal entity to open accounts with any of the following U.S. financial institutions:

- A bank or credit union
- Broker or dealer in securities
- A mutual fund
- A future commission merchant or
- And introducer broker in commodities

For the purpose of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, Social Security number, and Government issued ID (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals:

- a) Beneficial Owner(s): Each individual, if any, who owns, <u>directly or indirectly through any contract</u>, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interest of the legal entity customer (each natural person that owns 25 percent or more of the share of a corporation); <u>AND</u>
- b) Control Person: An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under Section (a), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (a), you must provide the identifying information of one individual under section (b). It is possible that in some circumstances, the same individual might be identified under both sections (e.g., the President of ABC, Inc. who also holds a 30% equity interest). The completed form will contain the identifying information of at least one individual and up to five individuals (i.e., Four 25 percent equity holders under section (a) and one individual under section (b).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. <u>CERTIFICATIO</u>							CIF#		
		legal entity must provide the following information: Entity Tax ID #							
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a. Complete the follow otherwise owns 25 p	-		-			_		-	-
☐ N/A- The abo	ve ownership	definition above	is not met. Plea	se compl	ete section (b).				
Name	Date of Birth	Physical R Address (No Po	Residential st Office Boxes)	5	or U.S. Persons: Social Security Jumber/and ID Information	Passpo Countr other sin	n-U.S. Persons: ort Number and y of Issuance or nilar identification number*	Phone Number	% Owner - ship
Name						ID#			
				ID#	lss:				
						Exp:			
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	Check if Owner -		Physical Resid	ential For U.S. P		ons:	For Non-U.S. Pe Passport Numb		
Name (Required)	Info Listed Above	Date of Birth	Address (No Post Office Boxes)		Social Security Number/and ID Information		Country of Issuance or other similar identification number*		Phone Number
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					ID#Iss: Exp:		Iss: Exp:		
As an individual authori provided above is comp BANK of any changes in	olete and cor	rect. <u>I further ce</u>							
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