



Business Services

CERTIFICATION OF BENEFICIAL OWNER(S)

Account Number: _____

Business TIN: _____

Federal law requires all financial institutions to obtain, verify and record information that identifies each person (individual or business) who opens an account. When you open an account, we will ask for your business legal name, business address, TIN/EIN and other information that allows us to identify the business or each individual. In some cases, Federal law also requires us to verify and record information about the beneficial owners of legal entity members.

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the beneficial owners:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity, and
- (2) 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).

Section A: Account Information

Name of person opening account: _____

Title of person opening account: _____

Business Full Legal Name: _____

Type of Business: _____

Corporation Partnership LLC Unincorporated Organization Incorporated Foundation

Section B: Beneficial Owners *Note: Non-profits do not have to complete this section.*

The following information for each individual, if any, 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:

No individual(s) directly or indirectly own 25% or more of the entity.

Legal Name: _____ % of Ownership: _____

Title: _____ Birth date (MMDDYYYY): _____ SSN/ITIN: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

ID Type: _____ Issuer: _____ Number: _____ Date Issued: _____ Exp. Date: _____

Legal Name: _____ % of Ownership: _____

Title: _____ Birth date (MMDDYYYY): _____ SSN/ITIN: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

ID Type: _____ Issuer: _____ Number: _____ Date Issued: _____ Exp. Date: _____

Legal Name: _____ % of Ownership: _____

Title: _____ Birth date (MMDDYYYY): _____ SSN/ITIN: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

ID Type: _____ Issuer: _____ Number: _____ Date Issued: _____ Exp. Date: _____

Legal Name: _____ % of Ownership: _____

Title: _____ Birth date (MMDDYYYY): _____ SSN/ITIN: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

ID Type: _____ Issuer: _____ Number: _____ Date Issued: _____ Exp. Date: _____

Section C: Controlling Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: 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 regularly performs similar functions. (If appropriate, an individual listed under section (b) above may also be listed in this section (c)).

Legal Name _____ SSN/ITIN: _____

Title: _____ Birth date (MMDDYYYY): _____

Address: Street: _____ City: _____ State: _____ Zip: _____

ID Type: _____ Issuer: _____ Number: _____ Date Issued: _____ Exp. Date: _____

Section D: Certification

I, _____ (name of natural person opening account) hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: _____ Date: _____