



Certification of Beneficial Owner(s)

GENERAL INSTRUCTIONS

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 ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

Certain circumstances (such as when a new account is opened or changes are made to an existing relationship) will require this form to be completed by a representative on behalf of the legal entity with any of the following US financial institutions:

- (i) a bank or credit union;
- (ii) a broker or dealer in securities;
- (iii) a mutual fund;
- (iv) a futures commission merchant; or
- (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country that is privately held. Legal entity does not include sole proprietorships, unincorporated associations, or individuals opening account on their own behalf.

The legal entity generally does not include trusts unless the trust is a statutory trust that usually files with the state.

What information do I have to provide?

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 following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) 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 (i), 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 in section (i), you must provide the identifying information of at least one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President may also hold a 30 percent equity interest). Thus, a completed form will contain the identifying information of one individual (as the controlling party under section ii) and may contain up to four individuals who are 25 percent equity holders under section (i), but will not exceed five individuals in total for the two sections.

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

Who can sign the form?

An individual who meets one or more of criteria below is authorized to sign the form:

- (i) An individual who is authorized to open an account on the behalf of the legal entity
- (ii) An individual who actively maintains a position within the legal entity's C-Suite (large scale entity structures)
- (iii) An individual who is the Owner, President or Vice President (small scale entity structures)



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IDENTIFICATION REQUIREMENTS

Beneficial owner(s) and the controlling party are required to disclose their citizenship status in order to establish identification requirements. The ID lists below outlines the primary and secondary identification options based on the individual's response to the citizenship questions.

Note: Individuals can select to record two (2) unexpired primary identification documents (which cannot be the same) **OR** record one (1) unexpired primary identification document and one (1) unexpired secondary identification document. Individuals **CANNOT** record (2) unexpired secondary identification documents.

ID List A (Individual is a Permanent Resident of the U.S.)

<p style="margin: 0;"><u>Primary IDs</u></p> <ul style="list-style-type: none"> <input type="radio"/> Foreign Passport <input type="radio"/> Permanent Resident Alien Card <input type="radio"/> US Driver's License <input type="radio"/> US State Identification Card <input type="radio"/> Federal government ID w/photo <input type="radio"/> State government ID w/photo <input type="radio"/> Local government ID w/photo 	<p style="margin: 0;"><u>Secondary IDs</u></p> <ul style="list-style-type: none"> <input type="radio"/> Concealed Weapons Permit <input type="radio"/> I-94 (search, stamp or form) <input type="radio"/> ITIN Letter <input type="radio"/> Medicare/Medicaid Card <input type="radio"/> Mexican Matricula ID Card <input type="radio"/> Original Social Security Card <input type="radio"/> Recognized Local Employment ID card <input type="radio"/> US Military ID <input type="radio"/> Valid Student ID
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ID List B (Individual is a Non Resident Alien who is in the U.S. temporarily)

<p style="margin: 0;"><u>Primary IDs</u></p> <ul style="list-style-type: none"> <input type="radio"/> Canadian Driver's License <input type="radio"/> Foreign Passport <input type="radio"/> Mexican Matricula ID Card <input type="radio"/> US DOJ Letter (Asylee or Refugee) <input type="radio"/> Federal government ID w/photo 	<p style="margin: 0;"><u>Secondary IDs</u></p> <ul style="list-style-type: none"> <input type="radio"/> 1-20 Academic/Vocational School Letter <input type="radio"/> Driver's License – Non US or Canadian <input type="radio"/> DS-2019 Exchange Student <input type="radio"/> I-94 (search, stamp or form) <input type="radio"/> ITIN Letter <input type="radio"/> US Employment Authorization Card <input type="radio"/> US Visa <input type="radio"/> State government ID w/photo <input type="radio"/> Local government ID w/photo <input type="radio"/> Valid Student ID
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ID List C (Individual is a Non Resident Alien who is **OR** is not seeking permanent residency in the U.S.)

<p style="margin: 0;"><u>Primary IDs</u></p> <ul style="list-style-type: none"> <input type="radio"/> Canadian Driver's License <input type="radio"/> Foreign Passport <input type="radio"/> Mexican Matricula ID Card <input type="radio"/> US DOJ Letter (Asylee or Refugee) <input type="radio"/> Federal government ID w/photo 	<p style="margin: 0;"><u>Secondary IDs</u></p> <ul style="list-style-type: none"> <input type="radio"/> 1-20 Academic/Vocational School Letter <input type="radio"/> Driver's License – Non US or Canadian <input type="radio"/> DS-2019 Exchange Student <input type="radio"/> I-94 (search, stamp or form) <input type="radio"/> ITIN Letter <input type="radio"/> US Driver's License <input type="radio"/> US Employment Authorization Card <input type="radio"/> US Visa <input type="radio"/> State government ID w/photo <input type="radio"/> Local government ID w/photo <input type="radio"/> Valid Student ID
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Certification of Beneficial Owner(s)

Complete the Customer Information, Beneficial Owner(s), Controlling Party, and the Acknowledgement sections.

CUSTOMER INFORMATION

Business Name

Business Address

City State Zip Code

U.S. Taxpayer Identification Number (EIN)

BENEFICIAL OWNER(S)

Please provide the following information for all individuals who directly or indirectly own 25 percent or more equity in the above named business. If percentage of ownership is less than 25 percent, please check the box below.

No individuals own 25 percent or more equity in the above named business.

- | | | |
|---|--|--|
| 1. Is the individual a U.S. Citizen? | <input type="checkbox"/> Yes, STOP, IDs not required | <input type="checkbox"/> No, proceed to #2 |
| 2. Is the individual a permanent resident of the U.S.? | <input type="checkbox"/> Yes, See ID List A | <input type="checkbox"/> No, proceed to #3 |
| 3. Is the individual in the U.S. temporarily? | <input type="checkbox"/> Yes, See ID List B | <input type="checkbox"/> No, proceed to #4 |
| 4. Is the individual seeking permanent residency in the U.S.? | <input type="checkbox"/> Yes, See ID List C | <input type="checkbox"/> No, See ID List C |

Full Legal Name

Residential Address

City State: Zip Code:

SSN/ I-TIN Date of Birth

Percentage of Ownership %

If the above named individual indirectly maintains ownership of the business, please disclose the business in which the individual maintains direct ownership of:

For Non U.S. Persons Only

Provide copies of the IDs recorded below

Primary ID Type: <input type="text"/>	Primary ID Number: <input type="text"/>
Primary Issuing State: <input type="text"/>	Primary Issuing Country: <input type="text"/>
Primary Issue Date: <input type="text"/>	Primary Expiration Date: <input type="text"/>
Secondary ID Type: <input type="text"/>	Secondary ID Number: <input type="text"/>
Secondary Issuing State: <input type="text"/>	Secondary Issuing Country: <input type="text"/>
Secondary Issue Date: <input type="text"/>	Secondary Expiration Date: <input type="text"/>



Certification of Beneficial Owner(s)

Beneficial Ownership Section, continue

- 1. Is the individual a U.S. Citizen? Yes, STOP, IDs not required No, proceed to #2
- 2. Is the individual a permanent resident of the U.S.? Yes, See ID List A No, proceed to #3
- 3. Is the individual in the U.S. temporarily? Yes, See ID List B No, proceed to #4
- 4. Is the individual seeking permanent residency in the U.S.? Yes, See ID List C No, See ID List C

Full Legal Name

Residential Address

City State: Zip Code:

SSN/ I-TIN Date of Birth

Percentage of Ownership %

If the above named individual indirectly maintains ownership of the business, please disclose the business in which the individual maintains direct ownership of:

For Non U.S. Persons Only

Provide copies of the IDs recorded below

Primary ID Type: Primary ID Number:

Primary Issuing State: Primary Issuing Country:

Primary Issue Date: Primary Expiration Date:

Secondary ID Type: Secondary ID Number:

Secondary Issuing State: Secondary Issuing Country:

Secondary Issue Date: Secondary Expiration Date:



Certification of Beneficial Owner(s)

Beneficial Ownership Section, continue

- | | | |
|---|--|--|
| 1. Is the individual a U.S. Citizen? | <input type="checkbox"/> Yes, STOP, IDs not required | <input type="checkbox"/> No, proceed to #2 |
| 2. Is the individual a permanent resident of the U.S.? | <input type="checkbox"/> Yes, See ID List A | <input type="checkbox"/> No, proceed to #3 |
| 3. Is the individual in the U.S. temporarily? | <input type="checkbox"/> Yes, See ID List B | <input type="checkbox"/> No, proceed to #4 |
| 4. Is the individual seeking permanent residency in the U.S.? | <input type="checkbox"/> Yes, See ID List C | <input type="checkbox"/> No, See ID List C |

Full Legal Name

Residential Address

City State: Zip Code:

SSN/ I-TIN Date of Birth

Percentage of Ownership %

If the above named individual indirectly maintains ownership of the business, please disclose the business in which the individual maintains direct ownership of:

For Non U.S. Persons Only

Provide copies of the IDs recorded below

Primary ID Type: Primary ID Number:

Primary Issuing State: Primary Issuing Country:

Primary Issue Date: Primary Expiration Date:

Secondary ID Type: Secondary ID Number:

Secondary Issuing State: Secondary Issuing Country:

Secondary Issue Date: Secondary Expiration Date:



Certification of Beneficial Owner(s)

Beneficial Ownership Section, continue

- | | | |
|---|--|--|
| 1. Is the individual a U.S. Citizen? | <input type="checkbox"/> Yes, STOP, IDs not required | <input type="checkbox"/> No, proceed to #2 |
| 2. Is the individual a permanent resident of the U.S.? | <input type="checkbox"/> Yes, See ID List A | <input type="checkbox"/> No, proceed to #3 |
| 3. Is the individual in the U.S. temporarily? | <input type="checkbox"/> Yes, See ID List B | <input type="checkbox"/> No, proceed to #4 |
| 4. Is the individual seeking permanent residency in the U.S.? | <input type="checkbox"/> Yes, See ID List C | <input type="checkbox"/> No, See ID List C |

Full Legal Name

Residential Address

City State: Zip Code:

SSN/ I-TIN Date of Birth

Percentage of Ownership %

If the above named individual indirectly maintains ownership of the business, please disclose the business in which the individual maintains direct ownership of:

For Non U.S. Persons Only

Provide copies of the IDs recorded below

Primary ID Type: Primary ID Number:

Primary Issuing State: Primary Issuing Country:

Primary Issue Date: Primary Expiration Date:

Secondary ID Type: Secondary ID Number:

Secondary Issuing State: Secondary Issuing Country:

Secondary Issue Date: Secondary Expiration Date:



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CONTROLLING PARTY

Please provide the following information for one individual who has significant responsibility for managing the above named business, such as an executive officer or senior management (like the Chief Executive Officer, Managing Member) or an individual who regularly performs similar functions. Note, an individual listed in the first section may also be listed in this section.

- 1. Is the individual a U.S. Citizen? Yes, STOP, IDs not required No, proceed to #2
- 2. Is the individual a permanent resident of the U.S.? Yes, See ID List A No, proceed to #3
- 3. Is the individual in the U.S. temporarily? Yes, See ID List B No, proceed to #4
- 4. Is the individual seeking permanent residency in the U.S.? Yes, See ID List C No, See ID List C

Full Legal Name

Residential Address

City State: Zip Code:

SSN/ I-TIN Date of Birth

Title/Position

If the above named individual indirectly maintains ownership of the business, please disclose the business in which the individual maintains direct ownership of:

For Non U.S. Persons Only

Provide copies of the IDs recorded below

Primary ID Type: Primary ID Number:

Primary Issuing State: Primary Issuing Country:

Primary Issue Date: Primary Expiration Date:

Secondary ID Type: Secondary ID Number:

Secondary Issuing State: Secondary Issuing Country:

Secondary Issue Date: Secondary Expiration Date:



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CUSTOMER ACKNOWLEDGEMENT

I, _____, (name of person completing this form), hereby certify to the best of my knowledge that the information provided is correct and complete.

Title or Position

Date

Signature

The legal entity agrees to notify us if any information in this form changes and provide us with other documents we request supporting that change.