



BENEFICIAL OWNERSHIP CERTIFICATION FORM

WHAT IS THIS FORM?

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.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening an account on behalf of a legal entity with any of the following U.S. 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, 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 non-U.S. 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 and Social Security Number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e. the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g. each natural person who owns 25% or more of the shares of the corporation);
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g. 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 under Section (i), you must provide the identifying information of one individual under Section (ii). It is possible that in some circumstances the same individual may be identified in both sections (e.g. the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual under Section (ii) and up to five individuals (i.e. one individual under Section (ii) and four 25% equity holders under Section (i)).

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.

CERTIFICATION OF BENEFICIAL OWNER(S)

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account		2. First Name	3. Middle Initial
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

Check here if no individual meets this definition and complete Section II.

Beneficial Owner 1 Information: _____% of ownership

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3	
Primary ID Type	Primary ID Description	City	State Country
Primary ID St/Ctry/Prov		ZIP/Postal Code	

Beneficial Owner 2 Information: _____% of ownership

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3	
Primary ID Type	Primary ID Description	City	State Country
Primary ID St/Ctry/Prov		ZIP/Postal Code	

Beneficial Owner 3 Information: _____% of ownership

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3	
Primary ID Type	Primary ID Description	City	State Country
Primary ID St/Ctry/Prov		ZIP/Postal Code	

Beneficial Owner 4 Information: _____ % of ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov	ZIP/Postal Code			

SECTION II

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.

For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and ST/Ctry/Prov blank.

For a foreign person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Individual with Control Information

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov	ZIP/Postal Code			

Certified/Agreed To

I, _____, hereby certify,

to
Print Name

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

Signature	Date
_____	_____