

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS



<input type="checkbox"/> Check this box if recertifying previously provided information shown below.		Recertification Date: / /
Recertified by customer representative (name):		
Documented by (bank employee):	Cost Center#:	Customer Account #:
To recertify, verbally confirm the customer information below and complete this box.		
1. Legal Entity Customer – Account Number:	2. Has a Corporate Resolution been obtained from this customer? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Bank employee responsible for this form:		
Name:	Employee #:	Cost Center #:

This box is for institutional use only.

I. Certification of Beneficial Owners

a. Person opening an account on behalf of a legal entity must provide the following information:

Name of Natural Person Opening Account:	Title:
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b. Legal Entity

Legal Entity TIN:	CIF Customer Number:
Name of Legal Entity for Which the Account is Being Opened:	Type of Legal Entity:
Street Address of Legal Entity:	
Address Line 2:	
City, State, Postal Code, Country:	

c. Control 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 such functions.

If appropriate, an individual listed under section (d) below also may be listed in this section.

1.	Name:		
	Title:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country	Issued: mm/dd/yyyy	Expires: mm/dd/yyyy

Check this box if no individual, directly or indirectly, owns ___ percent or more of the equity interests of the legal entity listed above.

d. Equity Owner(s): The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns _____ percent or more of the equity interests of the legal entity listed above:

1.	Name:	Date of Birth: (mm/dd/yyyy)	
		/ /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country		Issued: mm/dd/yyyy	Expires: mm/dd/yyyy

2.	Name:	Date of Birth: (mm/dd/yyyy)	
		/ /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country		Issued: mm/dd/yyyy	Expires: mm/dd/yyyy

d. Equity Owner(s), continued:

3.	Name:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country	Issued: mm/dd/yyyy	Expires: mm/dd/yyyy

4.	Name:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country	Issued: mm/dd/yyyy	Expires: mm/dd/yyyy

d. Equity Owner(s), continued:

5.	Name:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country		Issued: mm/dd/yyyy

6.	Name:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country		Issued: mm/dd/yyyy

d. Equity Owner(s), continued:

7.	Name:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country		Issued: mm/dd/yyyy

8.	Name:	Date of Birth: (mm/dd/yyyy) / /	
	Street Address (Residential or Business):		
	Address Line 2:		
	City, State, Postal Code, Country:		
	U.S. Persons, Social Security Number (SSN):		
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):		
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country		Issued: mm/dd/yyyy

d. Equity Owner(s), continued:		
9.	Name:	Date of Birth: (mm/dd/yyyy) / /
	Street Address (Residential or Business):	
	Address Line 2:	
	City, State, Postal Code, Country:	
	U.S. Persons, Social Security Number (SSN):	
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):	
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country	Issued: mm/dd/yyyy

10.	Name:	Date of Birth: (mm/dd/yyyy) / /
	Street Address (Residential or Business):	
	Address Line 2:	
	City, State, Postal Code, Country:	
	U.S. Persons, Social Security Number (SSN):	
	Non-U.S. Persons, SSN, Passport Number ¹ and Country of Issuance (or similar identification number):	
	Primary ID Type, ID Number, and State of Issuance: If Non-US: record the country	Issued: mm/dd/yyyy

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

_____ (Printed name of legal entity) agrees to notify this financial institution of any changes to the information provided above.

Signature: _____

Date: _____

¹ In lieu of a passport number, non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.