

CERTIFICATION OF BENEFICIAL OWNER(S)

Org# _____

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

Person opening a new or requesting changes to an account on behalf of a legal entity must provide the following information:

Type of Legal Entity Corporation Partnership LLC LLP Business Trust Non Profit Other _____

First, MI, Last Name for the Natural Person Opening Account

Title

Business Name for Which the Account is Being Opened

Business Physical Address

City

State

ZIP Code

SECTION I – Beneficial Owner(s)

Definition: 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.**

Non-U.S. Persons: 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.

First Beneficial Owner: Percent of Ownership: _____

First Name		Last Name		M.I.	Date of birth
Address		City		State	ZIP Code
Country	SSN (U.S. Persons)	For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
Country of issuance:					
Identification Type		Identification Number		Expiration Date	Provide Photo Copy of ID

Second Beneficial Owner (If required): Percent of Ownership: _____

First Name		Last Name		M.I.	Date of birth
Address		City		State	ZIP Code
Country	SSN (U.S. Persons)	For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
Country of issuance:					
Identification Type		Identification Number		Expiration Date	Provide Photo Copy of ID

Third Beneficial Owner (If required): Percent of Ownership: _____

First Name		Last Name		M.I.	Date of birth
Address		City		State	ZIP Code
Country	SSN (U.S. Persons)	For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
Country of issuance:					
Identification Type		Identification Number		Expiration Date	Provide Photo Copy of ID

Fourth Beneficial Owner *(If required)*: **Percent of Ownership:** _____

First Name		Last Name	M.I.	Date of birth
Address		City	State	ZIP Code
Country	SSN (U.S. Persons)	For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		Country of issuance:		
Identification Type		Identification Number	Expiration Date	Provide Photo Copy of ID

SECTION II - Controlling Person

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, 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

Controlling Person

Title: _____

Last Name		First Name	M.I.	Date of birth
Address		City	State	ZIP Code
Country	SSN (U.S. Persons)	For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		Country of issuance:		
Identification Type		Identification Number	Expiration Date	Provide Photo Copy of ID

I, _____, here by certify, to the best of my knowledge, that the information provided above is complete and correct.

I also agree to promptly notify the Bank of any change to the information provided within this certification.

Signature: _____

Date: _____

Bank Use Only: New Account Signer Change Ownership Change Cash Mgmt Relationship Review

Bank Representative: _____ Branch: _____

Date: _____ Account #(s) _____