#### 31 CFR § 1010,230 CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGALENTITY CUSTOMERS

#### 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 any person opening a new 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; and (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 foreign 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?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity's **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). 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.

#### Beneficial owners are:

- (1) 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**
- (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).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (1), 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 (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under 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 (2)), and up to five individuals (*i.e.*, one individual under section (2) and four 25 percent equity holders under section (1))

a legal entity may have multiple "beneficial owners," this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

# **CERTIFICATION OF BENEFICIAL OWNER(S)**

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).

1. Last Nam	e and title of Natural Person (	Opening Account	2. First Name	2. First Name		
4. Name and	d type of Legal Entity for Whic	ch the Account is B	eing Opened			
4a. Legal En	tity Address	4b. City		4c. State	4d. ZIP/Postal Code	
	(To a	SECTIC dd additional indivi		<u></u>		
	ide the following information f t, understanding, relationship ck here if no individual	, or otherwise owns		equity interests		
5. Last Name		6. First Name		7. M.I.	8. Date of birth	
9. Address		10. City		11. State	12. ZIP/Postal Code	
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification num				
		15a. Country of	issuance:			
	passport number, Non-U.S. Persons ssuance of any other government-is					
		SECTI	ON II			
entity, include Operating O	ide the following information for ding, an executive officer or se officer, Managing Member, Ger ly performs similar functions.	enior manager (e.g	, Chief Executive O	fficer, Chief Fina	ancial Officer, Chief	
16. Last Name		17. First Name		18. M.I.	19. Date of birth	
20. Address		21. City		22. State	23. ZIP/Postal Code	
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number				
		26a. Country of issuance:				
	passport number, Non-U.S. Persons ssuance of any other government-is					

## Additional Section 1 - Second Beneficial Owner (If required)

13. Country   14. SSN (U.S. Persons)   15. For Non-U.S. persons (SSN, Passport Number or other similar identification number, or number and country of issuance:  Note: 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.  Additional Section 1 - Third Beneficial Owner (If required)  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 list above.  5. Last Name				P 4			
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SECTION III			SECTION III				
(name of natural person opening account), certify that all the information about the business, contained within this document and as of the date listed next to my name below, is true, complete, and accurate. I hereby agree to notify the Credit Union immediately regarding any changes to or about the business, Beneficial Ownership(s), or Controlling Manager(s).	locument and a Credit Union im	as of the date listed next to m	y name below, is true, complete	e, and accurate. I hereb	by agree to notify the		
Signature Date	Signature		 Date				