Beneficial Ownership Form					
Date: Account Number:				Tay Identification #:	
				Tax Identification #: Legal Entity Identifier	
Business Name:				(Optional):	
First and Last Name of Natural Persor Describe the products/services provide	Opening Account:				
			OWNERS OF LEGAL ENTITY	CUSTOMERS	
To help the government fight financial of legal entity customers. Legal entities financial crimes. Requiring the discloss prosecute these crimes.  This form must be completed by the punion; (ii) a broker or dealer in securiti	crime, Federal regus can be abused to ure of key individua erson opening a ne	ulation requires certai disguise involvement ls who own or control w account on behalf o	n financial institutions to obtain, verify in terrorist financing, money launder I a legal entity (i.e., the beneficial own of a legal entity with any of the following	y, and record information ring, tax evasion, corrupt ners) helps law enforcem ing U.S. financial instituti	ion, fraud, and other ent investigate and ons: (i) a bank or credit
A legal entity is any entity created by	the filing of a public	document with the S	ecretary of State or similar office.		
☐ Corporation	☐ Any kind of trust filed with state ☐ General Partnership f			ate	
☐ Limited Liability Company	$\Box$ Limited Partnership filed with state $\Box$ Formed under a foreign jurisdict			ion	
$\hfill\Box$ Other entity filed with state	$\hfill\Box$ This account is exempt from the beneficial ownership requirements				
Beneficial Owners					
Please provide the following information for an individuals(s), if any, who directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% of more of the equity interests of the legal entity listed above.					son opening account
Name	DOB		Address	For U.S. Persons: Social Security	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number. (1)
Check here if no individual meets the	he definition of a bend	eficial owner (above) a	nd explain below (i.e. All <25%; Charity/	Non-Profit; etc.):	
Complete the following in	nformation for <u>one</u>	individual with sign	nificant responsibility for managin	g the legal entity listed	above, such as:
( ) An executive officer or senior manage President, Treasurer); or     ( ) Any other individual who regularly per (If appropriate, an individual listed under the senior of the se	forms similar function	าร		naging Member, General Property of the Propert	For Non-U.S. Persons: Social Security Number, Passport Number and Country of
				Coolai Geounty	Issuance, or other similar identification number. (1)
1 In lieu of a passport number, Non-U.S. Persons	man alaa aranida a Casia	I Casusity Number on alice		a safi in a sana a safa a sa sahara a sana a	
nationality or residence and bearing a photograph of		i Security Number, an alien	identification card number, or number and countr	y or issuance or any other govern	iment-issued document evidencing
Attestation:					
I, information provided above is co			ening account), hereby certify, to y the financial institution of any		
Signature:			Date:		
Bank Use Only:					
Collection: Data Entry:		Date:		_	NAICS/ Risk code:
Deposit Operations:		Date		<del>-</del>	
Deposit Operations Supervisor:		Date		_	
BSA Officer:		Date:	•		