



**CERTIFICATION OF BENEFICIAL OWNERS AND CONTROLLING INTERESTS**

- NEW ACCOUNT
- UPDATE
- LOAN RENEWAL OR AUTOMATIC RENEWAL OF A CERTIFICATE OF DEPOSIT
- EXEMPT (BANK ONLY COMPLETE)

This form must be completed by the person opening a new account on behalf of the following **LEGAL ENTITIES**: a corporation, limited liability company, general partnership, or any other entity that is created by filing of a public document with a Secretary of State or similar office, and any similar business entity formed in the U.S. or a foreign country after **MAY 11, 2018**.

**LEGAL ENTITY** does not include sole proprietorships, unincorporated associations, or individuals opening accounts on their own behalf; therefore, this form should NOT be completed for these types of business accounts. This form will not be completed for exempt accounts. In the event a trust meets the definition of "legal entity," the trustee is the beneficial owner.

It is possible that in some circumstances the same individual will be reported as a beneficial owner and an individual having a controlling interest.

**CERTIFICATION OF BENEFICIAL OWNER(S)**

*Persons opening an account on behalf of a legal entity must provide the following information:*

- a) First and Last Name of Person Opening Account: \_\_\_\_\_  
 Title of Person Opening Account: \_\_\_\_\_  
 Account Type: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Date Account Opened: \_\_\_\_\_
- 

- b) Name of Legal Entity opening account: \_\_\_\_\_  
 Type of Legal Entity opening the account: \_\_\_\_\_
- 

- c) **Beneficial Ownership:** The following information for each individual, 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. (For a trust, the BO's are the trustees). The number of individuals that satisfy this definition of "beneficial owner" may vary between 0 – 4. ***This section does not apply to non-profit / charitable organizations.***

\*IF NO INDIVIDUAL MEETS THIS DEFINITION, PLEASE WRITE "NOT APPLICABLE" OR "N/A"

1. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET) (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NON-DOCUMENTARY VERIFICATION (YES / NO) AND SOURCE (i.e. K-1, Sec. of State), Corp. Res): \_\_\_\_\_

2. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET) (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NON-DOCUMENTARY VERIFICATION (YES / NO) AND SOURCE (i.e. K-1, Sec. of State), Corp. Res): \_\_\_\_\_

3. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET) (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_



ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NON-DOCUMENTARY VERIFICATION (YES / NO) AND SOURCE (i.e. K-1, Sec. of State), Corp. Res): \_\_\_\_\_

4. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET) (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NON-DOCUMENTARY VERIFICATION (YES / NO) AND SOURCE (i.e. K-1, Sec. of State), Corp. Res): \_\_\_\_\_

*\*\*If residential or business street address is not available, the Bank may accept an Army or Fleet Post Office box number, or the residential or business street address of next of kin or another contact individual.*

**CHOOSE ONE:**

- ABOVE CIP INFORMATION WAS OBTAINED FROM EXISTING CIP RECORDS
- CIP INFORMATION ABOVE WAS OBTAINED FROM NEWLY PROVIDED DOCUMENTS

**d) Controlling Interest:** The following information for at least one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer; or
- Any other individual who regularly performs similar functions.

*\*If appropriate, an individual listed under section (c) may also be listed in section (d).*

1. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET) (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_



NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NON-DOCUMENTARY VERIFICATION (YES / NO) AND SOURCE (i.e. K-1, Sec. of State), Corp. Res): \_\_\_\_\_

2. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NON-DOCUMENTARY VERIFICATION (YES / NO) AND SOURCE (i.e. K-1, Sec. of State), Corp. Res): \_\_\_\_\_

3. FIRST & LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS (RESIDENTIAL OR BUSINESS STREET (\*\*): \_\_\_\_\_

TIN OR SSN: \_\_\_\_\_

DOCUMENTARY IDENTIFICATION: \_\_\_\_\_

a. TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

*\*\*If residential or business street address is not available, the Bank may accept an Army or Fleet Post Office box number, or the residential or business street address of next of kin or another contact individual.*

**CHOOSE ONE:**

- ABOVE CIP INFORMATION WAS OBTAINED FROM EXISTING CIP RECORDS
- CIP INFORMATION ABOVE WAS OBTAINED FROM NEWLY PROVIDED DOCUMENTS





I, \_\_\_\_\_ (Name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. As the legal entities representative, I confirm the accuracy of pre-existing CIP information listed above for the beneficial owners and individuals with controlling interest. In addition, I agree to notify the Bank of any change in information that is provided on this certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_