



Account #

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who is a beneficial owner or individual with significant responsibility for managing the legal entity. What this means for you: we will ask for your name, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license or other identifying documents.

GENERAL INSTRUCTIONS

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity.

For the purposes of this form, a legal entity includes a **Corporation, Limited Liability Company, Not-For-Profit, Religious Corporation, Statutory Trust** or other state registered entity, a **General Partnership**, and any other similar business entity formed in a foreign country. A legal entity does not include Sole Proprietorships, Qualified Joint Ventures, Unincorporated Associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, Social Security Number (or passport number or other similar information, in the case of U.S Resident Alien/Foreign National) and government issued ID for the following individuals (i.e., the beneficial owners):

- (i) 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
- (ii) An individual with significant responsibility for managing the legal entity customer (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 perform similar functions)

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (I), 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 (I), you must provide the identifying information of one individual under section (II). 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 (II)), and up to five individuals (i.e., one individual under section (II) and four 25 percent equity holders under section (I)). CEFCU requires a copy of an unexpired government-issued photo ID for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

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

Name of Person Opening Account

Name and type of Legal Entity for Which the Account is Being Opened

SECTION I

Complete the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interest of the legal entity listed above. **Check here if no individual meets this definition and complete Section II.**

Mr. Mrs. Ms. Jr. Sr.

Beneficial Owner 1

Name SSN/ITIN Date of Birth

Beneficial Owner's Street Address City State ZIP

Beneficial Owner's Mailing Address (if different) City State ZIP

Government Issued ID Number Type of ID (e.g. Driver's license/State ID)

Place of Issuance Issue Date Expiration Date

Beneficial Owner, % of Ownership

For Office Use Only

Verified by _____ ID Method: DO TI P

Mr. Mrs. Ms. Jr. Sr.

Beneficial Owner 2

Name SSN/ITIN Date of Birth

Beneficial Owner's Street Address City State ZIP

Beneficial Owner's Mailing Address (if different) City State ZIP

Government Issued ID Number Type of ID (e.g. Driver's license/State ID)

Place of Issuance Issue Date Expiration Date

Beneficial Owner, % of Ownership

For Office Use Only

Verified by _____ ID Method: DO TI P

Account #

Mr. Mrs. Ms. Jr. Sr.

Beneficial Owner 3

Name		SSN/ITIN	Date of Birth
Beneficial Owner's Street Address		City	State ZIP
Beneficial Owner's Mailing Address (if different)		City	State ZIP
Government Issued ID Number		Type of ID (e.g. Driver's license/State ID)	
Place of Issuance	Issue Date	Expiration Date	<i>For Office Use Only</i> Verified by _____ ID Method: <input type="checkbox"/> DO <input type="checkbox"/> TI <input type="checkbox"/> P
Beneficial Owner, % of Ownership			

Mr. Mrs. Ms. Jr. Sr.

Beneficial Owner 4

Name		SSN/ITIN	Date of Birth
Beneficial Owner's Street Address		City	State ZIP
Beneficial Owner's Mailing Address (if different)		City	State ZIP
Government Issued ID Number		Type of ID (e.g. Driver's license/State ID)	
Place of Issuance	Issue Date	Expiration Date	<i>For Office Use Only</i> Verified by _____ ID Method: <input type="checkbox"/> DO <input type="checkbox"/> TI <input type="checkbox"/> P
Beneficial Owner, % of Ownership			

SECTION II

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 similar functions**

(If appropriate, an individual listed under Section I above may also be listed in this section (II).)

Mr. Mrs. Ms. Jr. Sr.

Name		SSN/ITIN	Date of Birth
Residential Street Address		City	State ZIP
Mailing Address (if different)		City	State ZIP
Government Issued ID Number		Type of ID (e.g. Driver's license/State ID)	
Place of Issuance	Issue Date	Expiration Date	<i>For Office Use Only</i> Verified by _____ ID Method: <input type="checkbox"/> DO <input type="checkbox"/> TI <input type="checkbox"/> P
Job Title			

SECTION III

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

Signature

Date