

Certification Regarding Beneficial Owners of Legal Entity Customers (Appendix A)

I. General Instructions

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 ultimately 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 the 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; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of non U.S. persons) 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., 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 (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)).

The financial institution may also ask for a copy of a driver's license or other identifying document for each beneficial owner listed.

II. Certification of Beneficial Owner(s)

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

A. Name and Title of natural person opening account or maintaining the business relationship:

B. Name, Address and Type of Legal Entity for which the account is being opened/maintained

C. Account Number (if applicable)

C. 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 interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to section D.

Beneficial Owner Not Applicable

For a non U.S. person without a (SSN/ITIN), provide a Passport Number and Country of Issuance. In lieu of a passport, non U.S. persons may also provide an unexpired U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Beneficial Owner (1): _____% of ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Other ID Type	ID Description	City	State	Country
ID St/Ctry/Prov	ZIP/Postal Code			

Beneficial Owner (2): _____% of ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Other ID Type	ID Description	City	State	Country
ID St/Ctry/Prov	ZIP/Postal Code			

Beneficial Owner (3): _____% of ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Other ID Type	ID Description	City	State	Country
ID St/Ctry/Prov	ZIP/Postal Code			

Beneficial Owner (4): _____% of ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Other ID Type	ID Description	City	State	Country
ID St/Ctry/Prov	ZIP/Postal Code			

D. Complete 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.

(It is possible that an individual listed under section C above, may also be listed in section (D) below).

For a non U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu of a passport, non U.S. persons may also provide an unexpired U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Individual with Control Information

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Other ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov	ZIP/Postal Code			

Certified/Agreed To

I, _____, hereby certify, to
Print Name and Title

the best of my knowledge, that the information provided in this document above is complete and correct. I also agree to notify TIB of any change in such information.

Signature	Date
_____	_____