

Certification of Beneficial Owner(s)

Business Account Member

Legal Name of Business Entity

Business Address

Name of Individual Opening the Account

Title

Is this a Non-Profit Company? _____ If yes, skip the Beneficial Owner section

Beneficial Owners

Complete the following information for **each** individual who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the above listed business. **If no individual meets this definition, specify "Not Applicable."**

Full Name

Address

____/____/____
Date of Birth

____ - ____ - ____
SSN

ID Number

____/____/____
ID Date

____/____/____
ID Expiration Date

Percent of Ownership

Full Name

Address

____/____/____
Date of Birth

____ - ____ - ____
SSN

ID Number

____/____/____
ID Date

____/____/____
ID Expiration Date

Percent of Ownership

Full Name

Address

____/____/____
Date of Birth

____ - ____ - ____
SSN

ID Number

____/____/____
ID Date

____/____/____
ID Expiration Date

Percent of Ownership

Full Name

Address

____/____/____
Date of Birth

____ - ____ - ____
SSN

ID Number

____/____/____
ID Date

____/____/____
ID Expiration Date

Percent of Ownership

Controlling Person

Complete the following information for **one** individual with significant responsibility for managing the above listed business, i.e., Executive officer (CEO, CFO and COO), senior manager, director, controller or any other individual who regularly performs similar functions. **If appropriate, an individual listed above may also be listed in this section.**

Full Name

Address

____/____/____
Date of Birth

____ - ____ - ____
SSN

ID Number

____/____/____
ID Date

____/____/____
ID Expiration Date

I, _____ hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date