

# Certification of Beneficial Owners

Business Name:

Date:

## 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 is required 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 foreign persons) for the following individuals (i.e., the **Individual with Control and the Beneficial Owners**):

- (i) 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); **and**
- (ii) 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.)

The financial institution may request to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

## Certified/Agreed To

I, \_\_\_\_\_, hereby certify, to the best of my knowledge, that the information provided below is complete and correct. So long as the relationship is open, I agree to notify 1st Capital Bank of any change in such information.

Signature	Date
Contact Phone #	Affiliation to Entity

## Individual with Control Information

Individual Name	Title	Street Address
Date of Birth	Address Line 2	
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	City	State
Number	Country	
Primary ID Type	Primary ID Number	ZIP/Postal Code
Issuing State or Country	Issue Date	Expiration Date

## Certification of Beneficial Owner(s)

☐ Beneficial Owner Not Applicable

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" above skip page 2.

-For a foreign person without a (SSN/ITIN), provide a Passport Number and Country of Issuance. In lieu of a passport, foreign persons may also provide a 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 Information: \_\_\_\_\_% of ownership**

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN	Number	
Primary ID Type	Primary ID Number	ZIP/Postal Code	
Primary ID St/Ctry		Issue Date	Expiration Date

**Beneficial Owner 2 Information: \_\_\_\_\_% of ownership**

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN	Number	
Primary ID Type	Primary ID Number	ZIP/Postal Code	
Primary ID St/Ctry		Issue Date	Expiration Date

**Beneficial Owner 3 Information: \_\_\_\_\_% of ownership**

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN	Number	
Primary ID Type	Primary ID Description	ZIP/Postal Code	
Primary ID St/Ctry		Issue Date	Expiration Date

**Beneficial Owner 4 Information: \_\_\_\_\_% of ownership**

Individual Name		Street Address	
Date of Birth		Address Line 2	
TIN type	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN	Number	
Primary ID Type	Primary ID Number	ZIP/Postal Code	
Primary ID St/Ctry		Issue Date	Expiration Date