Certification Regarding Beneficial Owners of Legal Entity Customers

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, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, 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 and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, any interest of the legal entity customer (e.g., each natural person that owns any share 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, but should total 100%

Please include a copy of the driver's license of other identifying document for each beneficial owner and control person listed on this form.

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 of Person Opening Account:

_____

B. Name, Type and Address of Legal Entity for Which the Account is Being Opened:
(exactly as it reads on your organizational documents)

Name *(exactly as it reads on your organizational documents)* DBA (if applicable)

Address -Business Street (no PO Box) City/State/Zip

Type (Corporation, LLC, Partnership, etc.)

C. The following information for each INDIVIDUAL*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns ANY interest of the legal entity. The total of % of ownership in this section should equal 100% in most cases.

(If no individual meets this definition, please check this box "Beneficial Owner Not Applicable"** ☐ **and skip this section.)

- For a person with a Taxpayer Identification Number (TIN), provide the TIN

Beneficial Owner 1 Information

Individual Name	Date of Birth	Social Security #	% of Ownership
Address -Residential Street (no PO Box)		City/State/Zip	
☐ **Copy of ID Attached**	Home Phone	Mobile Phone	Office Phone

Beneficial Owner 2 Information

Individual Name	Date of Birth	Social Security #	% of Ownership
Address -Residential Street (no PO Box)		City/State/Zip	
☐ **Copy of ID Attached**	Home Phone	Mobile Phone	Office Phone

Beneficial Owner 3 Information

Individual Name	Date of Birth	Social Security #	% of Ownership
Address -Residential Street (no PO Box)		City/State/Zip	
☐ **Copy of ID Attached**	Home Phone	Mobile Phone	Office Phone

Beneficial Owner 4 Information

Individual Name	Date of Birth	Social Security #	% of Ownership
Address -Residential Street (no PO Box)		City/State/Zip	
☐ **Copy of ID Attached**	Home Phone	Mobile Phone	Office Phone

Beneficial Owner 5 Information

Individual Name	Date of Birth	Social Security #	% of Ownership
Address -Residential Street (no PO Box)		City/State/Zip	
☐ **Copy of ID Attached**	Home Phone	Mobile Phone	Office Phone

Please attach additional sheets as necessary.

D. The following information for any 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 or makes the day to day decisions for the legal entity.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

- For a person with a Taxpayer Identification Number (TIN), provide the TIN

Individual with Control Information ☐ *Check if person is also listed in Section C.* ***If checked, only provide the name below.***

Individual Name		Date of Birth	Social Security #
Address -Residential Street (no PO Box)		City/State/Zip	
☐ **Copy of ID Attached**	Home Phone	Mobile Phone	Office Phone

Certified/ Agreed To

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and will immediately notify MIDFLORIDA of any change to such information.

_____ _____
Signature Date

Please Verify the following have been completed:

☐ Attach copies of driver's licenses or other identifying document for each person listed in Section C and D.
☐ Include copies of your organizational documents (by-laws, operating agreement, partnership agreement, minutes, etc.).
☐ Verify all owners listed in Section C above so that it totals 100%. If not, please describe why:

_____
_____
_____

Recertification and Agreement:

I, _____, hereby certify, that the information provided above is still complete and correct, and will immediately notify MIDFLORIDA of any change to such information.

_____ _____
Signature Date