

# Certification of Beneficial Owner of Legal Entity Customers Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

In an effort to help 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.

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, partnership, charity, or any other similar business entity formed in the United States or a foreign country.) Note: Publicly traded companies do not need to complete this form.*

- Print in capital letters using black ink.
- Questions? Call 800-525-3713.

## Certification of Beneficial Owner(s)

**Persons opening an account on behalf of a legal entity must provide:**

### 1. Name and title of the natural person opening this account

First Name	Middle Initial	Last Name
Title		

### 2. Name and address of the legal entity for which this account is being opened

Name of Legal Entity		
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code

**3. The following information must be provided 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 this section.**

☐ Beneficial Owner Not Applicable

- **For a person with a Social Security Number (SSN)**, provide the SSN and leave Primary ID Type, Description and State/Country/Province blank.
- **For a non-U.S. person without a Tax Identification Number (TIN)**, provide a Passport Number and Country of Issuance. In lieu of a passport, non-U.S. 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.

**First Beneficial Owner’s Information:**

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

**Second Beneficial Owner’s Information:**

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

**Third Beneficial Owner’s Information:**

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

**Fourth Beneficial Owner’s Information:**

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province

**4. 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 3 above may also be listed in this section 4.)**

- **For a person with a Social Security Number (SSN)**, provide the SSN and leave Primary ID Type, Description and State/Country/Province blank.
- **For a non-U.S. person without a Tax Identification Number (TIN)**, provide a Passport Number and Country of Issuance. In lieu of a passport, non-U.S. 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.

**Individual with Control Information:**

First Name	Middle Initial	Last Name
Street Number	Street Name	Apartment/Suite Number
City	State	Zip Code
Country	Social Security Number	Date of Birth
Primary ID Type	Primary ID Description	Primary ID State/Country/Province
Preferred Phone Number (required)	Additional Phone Number (optional)	

**5. Please read and sign below.**

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

**Signature:**

<b>X</b>	
Signature of Natural Person Opening Account	Date

**Legal Entity Identifier:**

(Optional)
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