Clear Form

Certification Regarding Beneficial Owners of Legal Entity Customers

Bank Name		Branch Name			
United World Bank		Eastside Financial			
Banker Name Emily Parker		Officer/Portfolio Number	Date (MM/DD/YYYY) 03/22/2024		
Banker Phone (555) 901 - 2345	Branch Number	Banker AU	Banker MAC		
	3303	EPARKER	1590KL12		
Enterprise Customer Number (ECN) ECN00009012		Account Number 34567890123			
I. General Instructions					
What is this form? To help the government fight financial criminformation about the beneficial owners of financing, money laundering, tax evasion, ultimately own or control a legal entity (i.e.	f legal entity customers,	 Legal entities can be abused to d	isguise involvement in terrorist		
	corruption, fraud, and	other financial crimes. Requiring th	ie disclosure of key individuals who		

Who has to complete this form?

This form must be completed by the person opening a new account or maintaining business relationships 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 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 financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner 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:

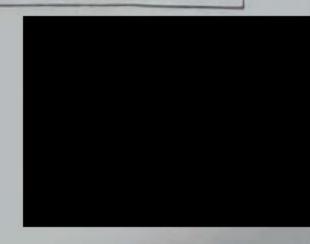
Account open/maintenance Information

Full Legal Name and title of person representing the legal entity customer and opening the account or maintaining the business relationship

Full Legal Name	Title O CEO	O CFO	O coo
	O President	O Vice President	○ Treasurer
	General Manager	O General Partner	Managing Member
	O Managing Partner	Officer/Manager	

Manual Submission Instructions:
Route completed and signed form to
Deposit Product Support Services.
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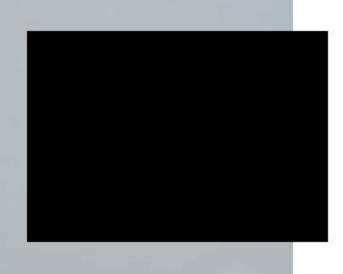




full Legal Entity Name	e and Street Address for which the						
	United World Be	ank					
Street Address	Oak St.	Chicago	State	ZIP/Postal Cod			
individual meets	this definition, please check "Benef	if any, who, directly or indirectly, through any percent or more of the equity interests of the life ficial Owner Not Applicable" below and skip to vidual trustee must be listed in the owner sec	y contract, arrang	10001			
-	er Not Applicable						
· For a person wi		or Individual Taxpayer Identification Numberry/Prov blank.	er (ITIN), provide	the (SSN/ITIN)			
personia may an	sidence and bearing a photograph		nce. In lieu of a p ed documents ev	assport, non-U.S			
	nation: % of owner	snip					
Full Legal Name Michael Garcia		Date of Birth (MM/DD/YYYY) 69/09/1972	Date of Birth (MM/DD/YYYY) 99/09/1972				
Street Address 987	Magnolia St.	Address Line 2					
Address Line 3		City San Dicgo TIN Type	State ZIP/Post	al Code			
Country	4	TIN Type SSN O ITIN Nui	mber 777 -	-88-9999			
V /)			Primary ID State/Country/Province				
	Primary ID Description	Primary ID State/Country/Province					
Primary ID Type SSN	Number (ECN) (For Bank Use Only)	Primary ID State/Country/Province					
Primary ID Type \$5N Enterprise Customer N	Number (ECN) (For Bank Use Only) 987321456						
Primary ID Type \$5N Enterprise Customer N Owner 2 Inform	Number (ECN) (For Bank Use Only) 987321456						
Primary ID Type SSN	Number (ECN) (For Bank Use Only) 987321456	ship					
Primary ID Type SSN Enterprise Customer N Owner 2 Inform Full Legal Name	Number (ECN) (For Bank Use Only) 987321456	ship Date of Birth (MM/DD/YYYY)	State ZIP/Post	al Code			
Primary ID Type SSN Enterprise Customer I Owner 2 Inform Full Legal Name Street Address	Number (ECN) (For Bank Use Only) 987321456	Ship Date of Birth (MM/DD/YYYY) Address Line 2 City TIN Type		al Code			

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DWINE	3	Information:	
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% of ownership

Full Legal Name		Date of Birth (MM/DD/YY	Date of Birth (MM/DD/YYYY)			
Street Address		Address Line 2				
Address Line 3		City State ZIP/Postal		ZIP/Postal Code		
Country		TIN Type O SSN O ITIN Number				
Primary ID Type	Primary ID Description	Primary ID State/Country/Province				
Enterprise Customer	Number (ECN) (For Bank Use Only)					

Owner 4 Information:

% of ownership

Full Legal Name	Taylor	Date of Birth (MM/DD/YYYY) 12/12/1973
Street Address	7 walnut St.	Address Line 2
Address Line 3		City State ZIP/Postal Code FL 32201
Country	SA	TIN Type
Primary ID Type \$5 N	Primary ID Description	Primary ID State/Country/Province
Enterprise Customer	Number (ECN) (For Bank Use Only) 9876	54123

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 in the Individual Owner Section above may also be listed in the following Individual with Control section).

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and State/Country/Province blank.
- 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 a U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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Individual with Control Information

Full Legal Name of Ir	ndividual with Control	Title O CEO	O C	FO		O COO
Date of Birth (MM/DC	ommo	O President O General Manager		ce Presideneral Pa		Treasurer Managing Membe
03/0	3/1970	O Managing Partner	0 01	fficer/Mai	nager	
Street Address	9 oak st.	Address Line 2				
Address Line 3		City Chicago		State	The second second	ostal Code 60601
Country	54					7-88-9999
Primary ID Type SSN	Primary ID Description	Primary ID State/Country	/Province	,		
Enterprise Customer	Number (ECN) (For Bank Use Only) 4561	23789				

A-4:E-4	A	T-
Certified/	Adresd	10
Columba	Adicca	10

Certified/Agreed 10	
I, Full Legal Name of Person Opening Account	, hereby certify,
to the best of my knowledge, that the information provided above is complete and correct.	
Signature	Date (MM/DD/YYYY)
	4

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