

[Clear Form](#)**WELLS
FARGO**

Certification Regarding Beneficial Owners of Legal Entity Customers

Bank Use Only

Bank Name <i>United World Bank</i>		Branch Name <i>Eastside Financial</i>	
Banker Name <i>Emily Parker</i>		Officer/Portfolio Number	Date (MM/DD/YYYY) <i>03/22/2024</i>
Banker Phone <i>(555) 901-2345</i>	Branch Number <i>3303</i>	Banker AU <i>EPARKER</i>	Banker MAC <i>1590KL12</i>
Enterprise Customer Number (ECN) <i>ECN00009012</i>		Account Number <i>34567890123</i>	

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 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		
	<input type="radio"/> CEO	<input type="radio"/> CFO	<input type="radio"/> COO
	<input type="radio"/> President	<input type="radio"/> Vice President	<input type="radio"/> Treasurer
	<input type="radio"/> General Manager	<input type="radio"/> General Partner	<input type="radio"/> Managing Member
	<input type="radio"/> Managing Partner	<input type="radio"/> Officer/Manager	

Manual Submission Instructions:
Route completed and signed form to
Deposit Product Support Services.
Scanner Enabled Branches should scan:
BBG6784-A (Rev 05 - 06/21)



F001-0000BBG6784A-01

Page 1 of 4
Wells Fargo Confidential

Scanned with OKEN Scanner

Full Legal Entity Name and Street Address for which the account is being opened/maintained. (P.O. Box is not permitted)

Full Legal Entity Name United World Bank			
Street Address 789 Oak St.	City Chicago	State IL	ZIP/Postal Code 60601

The following information for each individual owner, 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.

Note: When the entity is owned by a Trust, the individual trustee must be listed in the owner section.

☐ **Beneficial Owner Not Applicable**

- 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 ST/Ctry/Prov 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 documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Owner 1 Information: % of ownership

Full Legal Name Michael Garcia		Date of Birth (MM/DD/YYYY) 09/09/1972	
Street Address 987 Magnolia St.		Address Line 2	
Address Line 3		City San Diego	State CA
Country USA		ZIP/Postal Code 92101	
TIN Type <input checked="" type="radio"/> SSN <input type="radio"/> ITIN		Number 777-88-9999	
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) 987321456			

Owner 2 Information: % of ownership

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

Manual Submission Instructions:
Route completed and signed form to
Deposit Product Support Services.
Scanner Enabled Branches should scan.
BBG6784-A (Rev 05 - 06/21)



F 0 0 1 - 0 0 0 0 B B G 6 7 8 4 A - 0 2



Owner 3 Information: % of ownership

Full Legal Name		Date of Birth (MM/DD/YYYY)	
Street Address		Address Line 2	
Address Line 3		City	State ZIP/Postal Code
Country		TIN Type <input type="radio"/> SSN <input type="radio"/> 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 <i>Lisa Taylor</i>		Date of Birth (MM/DD/YYYY) <i>12/12/1973</i>	
Street Address <i>987 walnut st.</i>		Address Line 2	
Address Line 3		City <i>Jacksonville</i>	State <i>FL</i> ZIP/Postal Code <i>32201</i>
Country <i>USA</i>		TIN Type <input checked="" type="radio"/> SSN <input type="radio"/> ITIN Number <i>888-99-0000</i>	
Primary ID Type <i>SSN</i>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <i>987654123</i>			

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.

Manual Submission Instructions:
 Route completed and signed form to
 Deposit Product Support Services.
 Scanner Enabled Branches should scan.
 88G6784-A (Rev 05 - 06/21)



Individual with Control Information

Full Legal Name of Individual with Control <i>Michael Johnson</i>		Title <input type="radio"/> CEO <input type="radio"/> CFO <input type="radio"/> COO <input type="radio"/> President <input type="radio"/> Vice President <input type="radio"/> Treasurer <input type="radio"/> General Manager <input type="radio"/> General Partner <input type="radio"/> Managing Member <input type="radio"/> Managing Partner <input type="radio"/> Officer/Manager	
Date of Birth (MM/DD/YYYY) <i>03/03/1970</i>			
Street Address <i>789 Oak St.</i>		Address Line 2	
Address Line 3		City <i>Chicago</i>	State <i>IL</i> ZIP/Postal Code <i>60601</i>
Country <i>USA</i>		TIN Type <input checked="" type="radio"/> SSN <input type="radio"/> ITIN Number <i>777-88-9999</i>	
Primary ID Type <i>SSN</i>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <i>456123789</i>			

Certified/Agreed To

I, _____, hereby certify,
Full Legal Name of Person Opening Account
to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date (MM/DD/YYYY)

Manual Submission Instructions:
Route completed and signed form to
Deposit Product Support Services.
Scanner Enabled Branches should scan.
BBGf784-A (Rev 05 - 06/21)



F 0 0 1 - 0 0 0 0 B B G 6 7 8 4 A - 0 4

