

Clear Form

# Certification Regarding Beneficial Owners of Legal Entity Customers

## Bank Use Only

Bank Name First Regional Bank		Branch Name Lakeside	
Banker Name Michael Lee		Officer/Portfolio Number	Date (MM/DD/YYYY) 03/31/2024
Banker Phone (555) 234-5678	Branch Number 4404	Banker AU MLEE	Banker MAC MN34OP56
Enterprise Customer Number (ECN) ECN00003456		Account Number 45678901234	

## 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)





**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 <b>GHI LLC</b>			
Street Address <b>321 Maple St</b>	City <b>Houston</b>	State <b>TX</b>	ZIP/Postal Code <b>77001</b>

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 <b>Betty Clark</b>		Date of Birth (MM/DD/YYYY) <b>01/01/1984</b>	
Street Address <b>321 Chestnut St</b>		Address Line 2	
Address Line 3		City <b>Fort Worth</b>	State <b>TX</b>
		ZIP/Postal Code <b>76101</b>	
Country <b>USA</b>		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN   Number <b>111-22-3333</b>	
Primary ID Type <b>SSN</b>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <b>321456789</b>			

**Owner 2 Information:**                      % of ownership

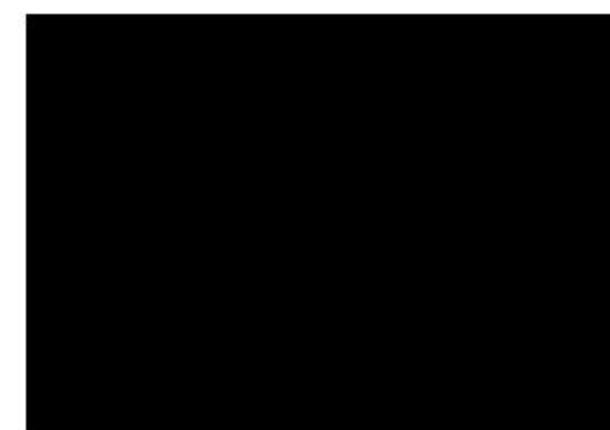
Full Legal Name <b>Sandra White</b>		Date of Birth (MM/DD/YYYY) <b>02/02/1994</b>	
Street Address <b>654 Ash St</b>		Address Line 2	
Address Line 3		City <b>Columbus</b>	State <b>OH</b>
		ZIP/Postal Code <b>43201</b>	
Country <b>USA</b>		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN   Number <b>444-55-6666</b>	
Primary ID Type <b>SSN</b>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <b>654987321</b>			

**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 O O 1 - 0 0 0 0 B B G 6 7 8 4 A - 0 2





Owner 3 Information: % of ownership

Full Legal Name <b>Patricia Johnson</b>		Date of Birth (MM/DD/YYYY) <b>03/03/1975</b>	
Street Address <b>987 Sycamore St</b>		Address Line 2	
Address Line 3		City <b>Charlotte</b>	State <b>NC</b>
		ZIP/Postal Code <b>28201</b>	
Country <b>USA</b>		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number <b>777-88-9999</b>	
Primary ID Type <b>SSN</b>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <b>987321456</b>			

Owner 4 Information: % of ownership

Full Legal Name <b>Debra Brown</b>		Date of Birth (MM/DD/YYYY) <b>04/04/1986</b>	
Street Address <b>321 Poplar St</b>		Address Line 2	
Address Line 3		City <b>Indianapolis</b>	State <b>IN</b>
		ZIP/Postal Code <b>46201</b>	
Country <b>USA</b>		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number <b>222-33-4444</b>	
Primary ID Type <b>SSN</b>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <b>321789456</b>			

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).

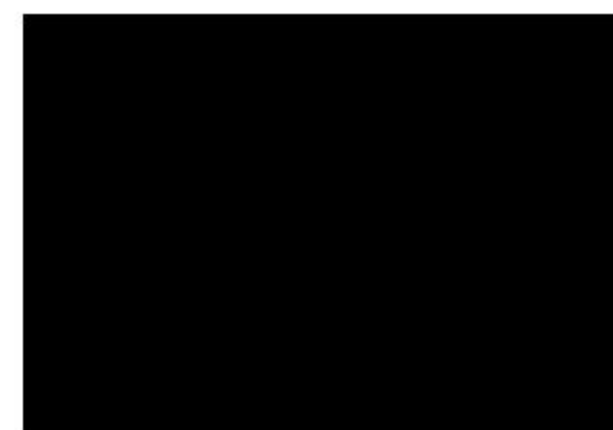
- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and State/Country/Province blank.
- For a non-U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu 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.  
BBG6784-A (Rev 05 – 06/21)



F O O 1 - 0 0 0 0 B B G 6 7 8 4 A - 0 3





Individual with Control Information

Full Legal Name of Individual with Control Sarah Williams		Title <div><input type="radio"/> CEO<input type="radio"/> CFO<input type="radio"/> COO</div> <div><input type="radio"/> President<input type="radio"/> Vice President<input type="radio"/> Treasurer</div> <div><input type="radio"/> General Manager<input type="radio"/> General Partner<input type="radio"/> Managing Member</div> <div><input type="radio"/> Managing Partner<input type="radio"/> Officer/Manager</div>					
Date of Birth (MM/DD/YYYY) 04/04/1985							
Street Address 321 Maple St					Address Line 2		
Address Line 3					City Houston		
		State TX					
		ZIP/Postal Code 77001					
Country USA		TIN Type <div><input type="radio"/> SSN<input type="radio"/> ITIN</div> Number 222-33-4444					
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province					
Enterprise Customer Number (ECN) (For Bank Use Only) 321456987							

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.  
BBG6784-A (Rev 05 – 06/21)

