

Certification Regarding Beneficial Owners of Legal Entity Customers

Bank Use Only

Bank Name Global Union Bank		Branch Name Financial Center	
Banker Name Emma Roberts		Officer/Portfolio Number	Date (MM/DD/YYYY) 03/18/2024
Banker Phone (555) 111-2222	Branch Number 1103	Banker AU EROBERTS	Banker MAC KL78MN90
Enterprise Customer Number (ECN) ECN00028901		Account Number 1234567	

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	

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Route completed and signed form to
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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 YZA Enterprises			
Street Address 321 Cherry St	City San Jose	State CA	ZIP/Postal Code 95101

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 Angela Williams		Date of Birth (MM/DD/YYYY) 07/07/1988	
Street Address 321 Elm St		Address Line 2	
Address Line 3		City Seattle	State WA
		ZIP/Postal Code 98101	
Country USA		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number 111-22-3333	
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) 321456789			

Owner 2 Information: % of ownership

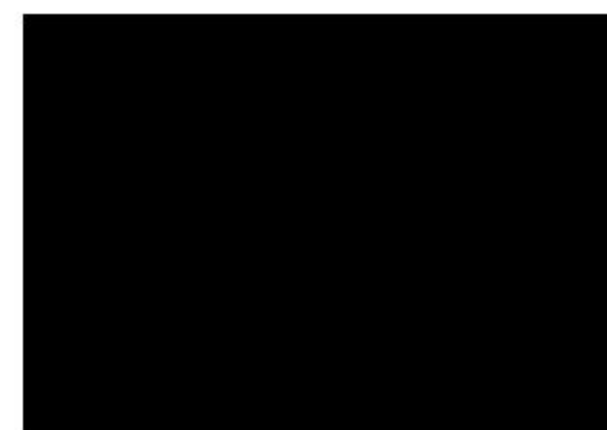
Full Legal Name Brenda Thompson		Date of Birth (MM/DD/YYYY) 08/08/1998	
Street Address 654 Pine St		Address Line 2	
Address Line 3		City Denver	State CO
		ZIP/Postal Code 80201	
Country USA		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number 444-55-6666	
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) 654987321			

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Owner 3 Information: % of ownership

Full Legal Name Pamela Johnson		Date of Birth (MM/DD/YYYY) 09/09/1979	
Street Address 987 Oak St		Address Line 2	
Address Line 3		City Chicago	State IL
		ZIP/Postal Code 60601	
Country USA		TIN Type <input 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) 456123789			

Owner 4 Information: % of ownership

Full Legal Name Laura Wilson		Date of Birth (MM/DD/YYYY) 10/10/1984	
Street Address 321 Maple St		Address Line 2	
Address Line 3		City Houston	State TX
		ZIP/Postal Code 77001	
Country USA		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN 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			

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).

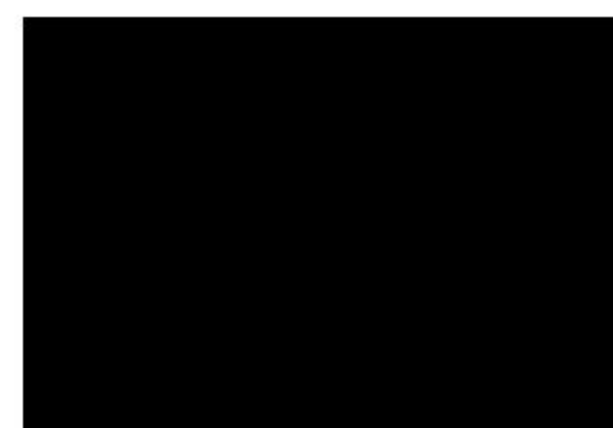
- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and State/Country/Province blank.
- For a non-U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu 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 Individual with Control Susan Wilson		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) 10/10/1982							
Street Address 321 Cherry St					Address Line 2		
Address Line 3					City San Jose		
		State CA			ZIP/Postal Code 95101		
Country USA		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN			Number 222-33-4444		
Primary ID Type SSN	Primary ID Description		Primary ID State/Country/Province				
Enterprise Customer Number (ECN) (For Bank Use Only) 321789456							

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)

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