Clear Form



Certification Regarding Beneficial Owners of Legal Entity Customers

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Bank Name Copital Trust		Branch Name Midt	own branch
Banker Name John Miller		Officer/Portfolio Number	Date (MM/DD/YYYY) 03 30 2024
Banker Phone (555) 5 64 - 8901	Branch Number 2202	Banker AU JMILLER	Banker MAC EF56 GN78
Enterprise Customer Number (ECN) GCN 00065678		Account Number 2 3456789 012	

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

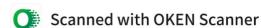
Full Legal Name and title of person representing the legal entity customer and opening the account or maintaining the business relationship

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

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Full Legal Entity Name and Street Address for which the accou	ent is being opened/maintained. (P.O. Box is not	permitted)
Full Legal Entity Name and Street Address for Which the accou	III IN DRILLIU ODELIEU/III dillitalii le di I.	

Full Legal Entity Name			
XYZ In C		State	ZIP/Postal Code
Street Address 456 Elm St	Los Angeles	CA	90001

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		Date of Birth (MM/DD/YYYY)		
David Brown		05/05/1995		
Street Address	,54 Pine St	Address Line 2		
Address Line 3	City State ZIP/Postal Code Philadelphia RA 19101			
Country		TIN Type O SSN O ITIN Number 555-66-7777		
Primary ID Type	Primary ID Description	Primary ID State/Country/Province		
	Number (ECN) (For Bank Use Only)			

Owner 2 Information:

% of ownership

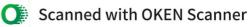
Full Legal Name James Jones		Date of Birth (MM/DD/YYYY) 06 06 1975			
Street Address	987 Cedan St	Address Line 2			
Address Line 3		city Phoenia	State	ZIP/Postal Code	
Country		TIN Type SSN O ITIN Number 888-99-0000			
Primary ID Type	Primary ID Description	Primary ID State/Country/Province			
	Number (ECN) (For Bank Use Only)				

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Owner 3 Inf	ormation:
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% of ownership

Full Legal Name		Date of Birth (MM/DD/YYYY)			
	Mary Davis	07/04/1987			
Street Address	3	Address Line 2			
	321 Birch St.				
Address Line 3		City State ZIP/Postal Code			
		San Antonio TX 78201			
Country		TIN Type			
	USA	O SSN O ITIN Number 111 - 22 - 3333			
Primary ID Type	Primary ID Description	Primary ID State/Country/Province			
SSN					
Enterprise Customer	Number (ECN) (For Bank Use Only)				
3	21654987				

Owner 4 I	nformation	:
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% of ownership

Full Legal Name Robert Hiller		Date of Birth (MM/DD/YYYY) 08 08 1997			
Street Address	654 Wilson St	Address Line 2			
Address Line 3		City State ZIP/Postal Code Dallas TX 75 201			
Country		O SSN O ITIN Number 444-55-6666			
Primary ID Type	Primary ID Description	Primary ID State/Country/Province			
Enterprise Customer Number (ECN) (For Bank Use Only) 6 5 498 7 32 1					

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 Inc	dividual with Control	Title O CEO	O CF	0	O coo
	Jane Smith	O President	O Vic	e President	○ Treasurer
Date of Birth (MM/DD	mm)	○ General Manager	○ Ger	neral Partne	er
10	0/10/1984	Managing Partner	O Off	icer/Manage	er
Street Address	Elm St	Address Line 2			
Address Line 3		City Los Angeles		State ZI	P/Postal Code
Country	AZU	TIN Type SSN	ITIN N	umber	144 - 55 - 6666
Primary ID Type	Primary ID Description	Primary ID State/Country/	/Province		
	Number (ECN) (For Bank Use Only) 987654321				

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

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