

Certification Regarding Beneficial Owners of Legal Entity Customers

Bank Use Only

Bank Name United World Bank		Branch Name Eastside Financial	
Banker Name Emily Parker		Officer/Portfolio Number	Date (MM/DD/YYYY) 03/22/2024
Banker Phone (555) 901-2345	Branch Number 3303	Banker AU EPARKER	Banker MAC IJ90KL12
Enterprise Customer Number (ECN) ECN00009012		Account Number 34567890123	

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 DEF Enterprises			
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
		ZIP/Postal Code 92101	
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) 987321456			

Owner 2 Information: % of ownership

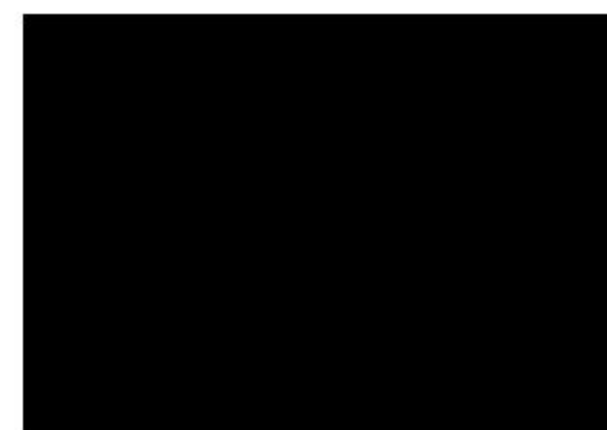
Full Legal Name Susan Wilson		Date of Birth (MM/DD/YYYY) 10/10/1982	
Street Address 321 Cherry St		Address Line 2	
Address Line 3		City San Jose	State CA
		ZIP/Postal Code 95101	
Country USA		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number 222-33-4444	
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) 321789456			

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Owner 3 Information: % of ownership

Full Legal Name Daniel Moore		Date of Birth (MM/DD/YYYY) 11/11/1992	
Street Address 654 Hickory St		Address Line 2	
Address Line 3		City Austin	State TX
		ZIP/Postal Code 78701	
Country USA		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number 555-66-7777	
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) 654321789			

Owner 4 Information: % of ownership

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

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).

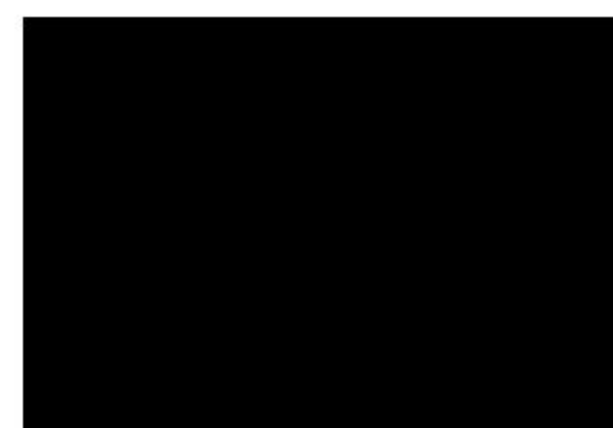
- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and State/Country/Province blank.
- For a non-U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu 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 Michael Johnson		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) 03/03/1970							
Street Address 789 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							

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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