

Clear Form

Certification Regarding Beneficial Owners of Legal Entity Customers

Bank Use Only

Bank Name Capital Trust		Branch Name Midtown Branch	
Banker Name John Miller		Officer/Portfolio Number	Date (MM/DD/YYYY) 03/30/2024
Banker Phone (555) 567-8901	Branch Number 2202	Banker AU JMILLER	Banker MAC EF56GH78
Enterprise Customer Number (ECN) ECN00005678		Account Number 23456789012	

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.
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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 XYZ Inc			
Street Address 456 Elm St	City Los Angeles	State CA	ZIP/Postal Code 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 David Brown		Date of Birth (MM/DD/YYYY) 05/05/1995	
Street Address 654 Pine St		Address Line 2	
Address Line 3		City Philadelphia	State PA
Country USA		ZIP/Postal Code 19101	
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) 654123789			

Owner 2 Information: % of ownership

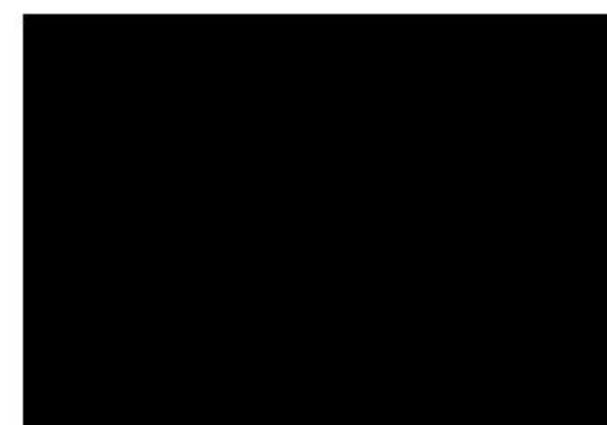
Full Legal Name James Jones		Date of Birth (MM/DD/YYYY) 06/06/1975	
Street Address 987 Cedar St		Address Line 2	
Address Line 3		City Phoenix	State AZ
Country USA		ZIP/Postal Code 85001	
TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN		Number 888-99-0000	
Primary ID Type SSN	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) 987456321			

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Owner 3 Information: % of ownership

Full Legal Name Mary Davis		Date of Birth (MM/DD/YYYY) 07/07/1987	
Street Address 321 Birch St		Address Line 2	
Address Line 3		City San Antonio	State TX
		ZIP/Postal Code 78201	
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) 321654987			

Owner 4 Information: % of ownership

Full Legal Name Robert Miller		Date of Birth (MM/DD/YYYY) 08/08/1997	
Street Address 654 Willow St		Address Line 2	
Address Line 3		City Dallas	State TX
		ZIP/Postal Code 75201	
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			

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

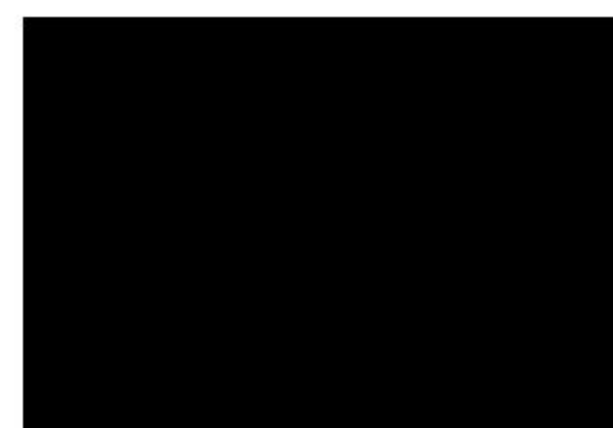
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(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 Jane Smith		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) 10/10/1984							
Street Address 456 Elm St					Address Line 2		
Address Line 3					City Los Angeles		
		State CA			ZIP/Postal Code 90001		
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) 987654321							

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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