

[Clear Form](#)**WELLS
FARGO**

Certification Regarding Beneficial Owners of Legal Entity Customers

Bank Use Only

Bank Name <i>First Regional Bank</i>		Branch Name <i>Lakeside</i>	
Banker Name <i>Michael Lee</i>		Officer/Portfolio Number	Date (MM/DD/YYYY) <i>03/31/2024</i>
Banker Phone <i>(555)234-5678</i>	Branch Number <i>4404</i>	Banker AU <i>MLEE</i>	Banker MAC <i>MN 340P56</i>
Enterprise Customer Number (ECN) <i>ECN 00003456</i>		Account Number <i>45678901234</i>	

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)

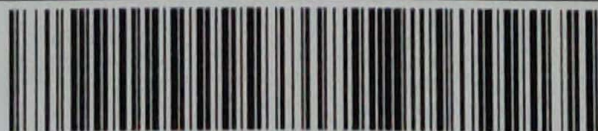
Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

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.
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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 GHI LLC			
Street Address 321 Maple St.	City Houston	State TX	ZIP/Postal Code 77001

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 Betty Clark		Date of Birth (MM/DD/YYYY) 01/01/1984	
Street Address 321 Chestnut St.		Address Line 2	
Address Line 3		City Ft Worth	State TX
Country USA		ZIP/Postal Code 76101	
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 Sandra White		Date of Birth (MM/DD/YYYY) 02/02/1994	
Street Address 654 Ash St.		Address Line 2	
Address Line 3		City Columbus	State OH
Country USA		ZIP/Postal Code 43201	
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 <i>Patricia Johnson</i>		Date of Birth (MM/DD/YYYY) <i>03/03/1975</i>	
Street Address <i>987 Synamore St.</i>		Address Line 2	
Address Line 3		City <i>Charlotte</i>	State <i>NC</i>
Country <i>USA</i>		ZIP/Postal Code <i>28201</i>	
TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN		Number <i>777-88-9999</i>	
Primary ID Type <i>SSN</i>	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only) <i>987321456</i>			

Owner 4 Information: % of ownership

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

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 <u>Sarah Williams</u>		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) <u>04/04/1985</u>				
Street Address <u>324 Maple St</u>		Address Line 2		
Address Line 3		City <u>Houston</u>	State <u>TX</u>	ZIP/Postal Code <u>77001</u>
Country <u>USA</u>		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number <u>222-33-4444</u>		
Primary ID Type <u>SSN</u>	Primary ID Description	Primary ID State/Country/Province		
Enterprise Customer Number (ECN) (For Bank Use Only) <u>321456987</u>				

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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