

Clear Form

# Certification Regarding Beneficial Owners of Legal Entity Customers

## Bank Use Only

Bank Name <i>Adirondack Bank</i>		Branch Name <i>136 Oriskany Boulevard</i>	
Banker Name <i>Whitesboro</i>		Officer/Portfolio Number	Date (MM/DD/YYYY) <i>03/04/1985</i>
Banker Phone	Branch Number	Banker AU <i>B1897</i>	Banker MAC
Enterprise Customer Number (ECN) <i>154987</i>		Account Number <i>767152393561</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 <i>Nyssa Varquez</i>	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			
Street Address	City	State	ZIP/Postal Code

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

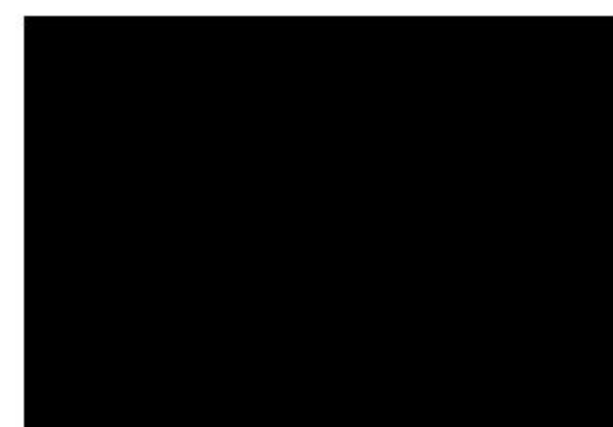
Full Legal Name <i>Wallace Ross</i>		Date of Birth (MM/DD/YYYY) <i>01/02/1998</i>	
Street Address <i>313 Pelletier Ave</i>		Address Line 2	
Address Line 3		City <i>Villa Park Hawaii</i>	State <i>HI</i>
Country <i>USA</i>		ZIP/Postal Code <i>96802</i>	
TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN		Number <i>16213</i>	
Primary ID Type	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only)			

**Owner 2 Information:**                      % of ownership

Full Legal Name <i>Chester Bennett</i>		Date of Birth (MM/DD/YYYY) <i>02/06/1932</i>	
Street Address <i>3476 Alvarado Ave</i>		Address Line 2	
Address Line 3		City <i>Los Angeles</i>	State <i>TX</i>
Country <i>United States</i>		ZIP/Postal Code <i>95802</i>	
TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN		Number	
Primary ID Type	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only)			

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Owner 3 Information: % of ownership

Full Legal Name <b>Castor Richardson</b>		Date of Birth (MM/DD/YYYY) <b>03/05/1955</b>	
Street Address <b>P.O. Box 147 2546 Socorro Rd.</b>		Address Line 2	
Address Line 3		City <b>Bethlehem</b>	State <b>UT</b>
		ZIP/Postal Code <b>02913</b>	
Country <b>United States</b>		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number _____	
Primary ID Type	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only)			

Owner 4 Information: % of ownership

Full Legal Name <b>Sonya Jordan</b>		Date of Birth (MM/DD/YYYY) <b>05/09/1969</b>	
Street Address <b>557 - 6308 Lacinia Road</b>		Address Line 2	
Address Line 3		City <b>San Bernardino</b>	State <b>NY</b>
		ZIP/Postal Code <b>09289</b>	
Country		TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN Number <b>54765</b>	
Primary ID Type	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only)			

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

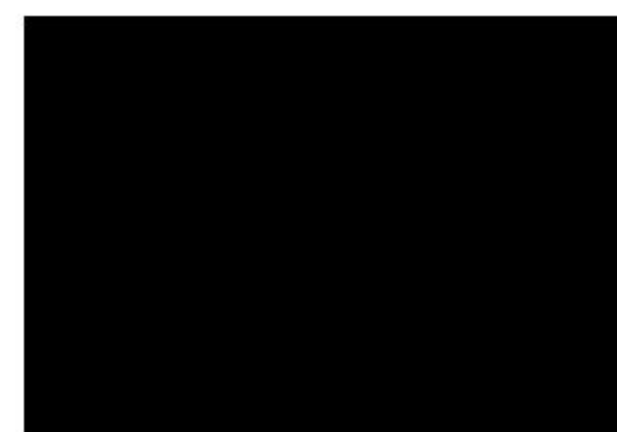
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(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 <b>Harrison Mcguire</b>		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) <b>04/04/1951</b>			
Street Address <b>PO Box 147 Sociosqu Rd.</b>		Address Line 2	
Address Line 3		City <b>SAN FRANCISCO</b>	State <b>CA</b>
Country <b>Canada</b>		ZIP/Postal Code <b>57159</b>	
TIN Type <input type="radio"/> SSN <input type="radio"/> ITIN    Number <b>1198</b>			
Primary ID Type	Primary ID Description	Primary ID State/Country/Province	
Enterprise Customer Number (ECN) (For Bank Use Only)			

## 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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