Clear Form

Certification Regarding Beneficial Owners

of Legal Entity Customers	
Bank Use Only	

Bank Name Global Union Bank		Branch Name Central City				
Banker Name Sarah Wilson		Officer/Portfolio Number		Date (MM	Date (MM/DD/YYYY) 03 29 2024	
Banker Phone (555) 123 - 4567	Branch Number 1101		Banker AU SWILSON	Banke AB	12 C D 3 4	
Enterprise Customer Number (ECN) EUN 00001234			11 Number 45678901			

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
- (li) 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 O CEO	O CFO	O coo
	O President	O Vice President	○ Treasurer
	O General Manager	O General Partner	O Managing Member
	O Managing Partner	Officer/Manager	

Manual Submission Instructions: Route completed and signed form to Deposit Product Support Services. Scanner Enabled Branches should scan. BBG6784-A (Rev 05 - 05/21)

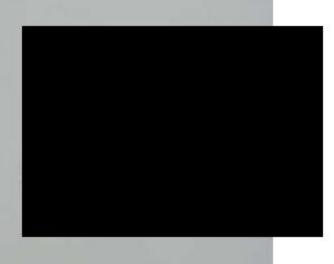




Full Legal Entity Na	me				
AB	c Corporation				
Street Address		City	State	ZIP/Postal Code	
123 h	lain St.	New York	NY	10001	
understanding, individual meet Note: When the Beneficial Over For a person and leave Prince	relationship or otherwise, owns 25 percess this definition, please check "Beneficial e entity is owned by a Trust, the individual of the Not Applicable with a Social Security Number (SSN) or mary ID Type, Description and ST/Ctry/P		al entity listed section. I. IIN), provide t	above. If no the (SSN/ITIN)	
persons may	also provide a U.S. government-issued A residence and bearing a photograph or s		documents ev	assport, non-U.S	
Full Legal Name		Date of Birth (MANIPPAGAGA)			
	in Doc	Date of Birth (MM/DD/YYYY)			
Showed Address		01/01/1980		-	
123	Marin St.	Address Line 2			
Address Line 3		City New York N	ate ZIP/Post	al Code	
Country		City New York N TIN Type SSN O ITIN Numbe	er 111-22	1-3333	
Primary ID Type S S N	Primary ID Description	Primary ID State/Country/Province			
1211	Number (ECN) (For Bank Use Only)				
Enterprise Custome	3456789				
Enterprise Custome		p			
Dwner 2 Infor		Date of Birth (MM/DD/YYYY)			
Dwner 2 Infor					
Owner 2 Infor		Date of Birth (MM/DD/YYYY)	ite ZIP/Posta	al Code	
Enterprise Customer		Date of Birth (MM/DD/YYYY) Address Line 2		al Code	

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Owner 3 Information:

% of ownership

Full Legal Name Michael	el Johnson	Date of Birth (MM/DD/YYYY) 03/03/1970
Street Address	Oak St	Address Line 2
Address Line 3		City Chicago State ZIP/Postal Code 1L 60601
Country		TIN Type SSN O ITIN Number 777 -88-99399
Primary ID Type SS N	Primary ID Description	Primary ID State/Country/Province
	Number (ECN) (For Bank Use Only) 456 123 789	

Owner 4 Information:

% of ownership

Full Legal Name		Date of Birth (MM/DD/YYYY)		
Street Address		Address Line 2		
Address Line 3		City State ZIP/Postal Code		
Country		TIN Type O SSN O ITIN Number		
Primary ID Type	Primary ID Description	Primary ID State/Country/Province		

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 John Dec		Title O CEO President		FO ce Presid	O COO
Date of Birth (MM/DI	omm 09/1979	General Manager Managing Partner	O General Manager O General Partner O Man		artner
Street Address	Main St.	Address Line 2			
Address Line 3		City New York State ZIP/Postal Code Ny 10001			
Country		TIN Type O SSN O			111-22-3333
Primary ID Type	Primary ID Description	Primary ID State/Country	/Province		
Enterprise Customer	Number (ECN) (For Bank Use Only)	3456789			

Cortifi	ad/A	ara	od	To
Certifi	ea/P	igre	ea	10

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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