



CLIENT INFORMATION

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"To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, Tax Identification Number, and possibly other information that will allow us to identify you."

To comply with the Patriot Act as well as bank legal standards, we are required to obtain documentation that identifies the business. The Patriot Act requires current documentation (less than one year old) that is generally the result of your business registration with local or state offices which produces the certificate or license for your business operation. To satisfy bank legal standards, we are also required to obtain the legal foundational documents to identify who the owners/members are to ensure the appropriate people are acting on behalf of the corporation with regard to banking activities. The Legal and Patriot Act requirements may not always be the same document.

Today's Date: _____

Company Name: _____ Tax ID #: _____

Legal Designation, select one:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Public Funds Entity |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust | <input type="checkbox"/> Unincorporated Association | |

State of Legal Formation: _____ Country of Principal Office: _____

Office Phone #: _____ Country of Legal Formation: _____

Physical Street Address: _____

City, State and Zip: _____ Country: _____

Business Industry or NAICS Code: _____

Year Established: _____ Number of Employees _____ Number of Locations _____

Is Your Business an ATM Owner or Operator:

☐ YES ☐ NO

Does Your Business Process Payments for Other Businesses:

☐ YES ☐ NODoes Your Business Offer Money Services Business² Transactions:☐ YES ☐ NODoes Your Business Issue Virtual Currency¹:☐ YES ☐ NODoes Your Business Accept or Exchange Virtual Currency¹:☐ YES ☐ NO

Does Your Business Engage in Trade Finance (Import/Export):

☐ YES ☐ NO

Does Your Business Operate in the Marijuana Industry?

☐ YES ☐ NO

Or Plan to Operate in the Marijuana Industry in the Future?

☐ YES ☐ NO

What is Your Customer Base:

☐ Consumer ☐ Business ☐ Both**Average Annual Sales/Revenue, select one:**

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$100,000 | <input type="checkbox"/> \$100,000-\$500,000 | <input type="checkbox"/> \$500,000-\$1,000,000 | <input type="checkbox"/> Greater than \$1,000,000 |
|--|--|--|---|

US Primary Trade Area, select all that apply:

- | | | | | | | |
|--------------------------------|------------------------------------|------------------------------------|-------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> South | <input type="checkbox"/> Southeast | <input type="checkbox"/> Southwest | <input type="checkbox"/> West | <input type="checkbox"/> Midwest | <input type="checkbox"/> Northeast | <input type="checkbox"/> Northwest |
|--------------------------------|------------------------------------|------------------------------------|-------------------------------|----------------------------------|------------------------------------|------------------------------------|

If outside the US, name countries: _____

ID Document, select all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Articles of Organization | <input type="checkbox"/> Certificate of Formation |
| <input type="checkbox"/> Certificate of Good Standing | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Cert of Registration of Partnership LP/LLP/LLLP |
| <input type="checkbox"/> Federal/State/City Business License | <input type="checkbox"/> Gen Partnership Agreement | <input type="checkbox"/> Limited Liability Corporation Agreement |
| <input type="checkbox"/> Limited Liability Partnership Agreement | <input type="checkbox"/> Limited Partnership Agreement | <input type="checkbox"/> Joint Venture Agreement |
| <input type="checkbox"/> IRS EIN Assignment Letter | <input type="checkbox"/> Other Entity Types i.e. Professional | <input type="checkbox"/> Statement Application of Qualification LLP/LLLP |

Additional Documentation, select all that apply:

- | | | | |
|--|--|--|-------------------------------|
| <input type="checkbox"/> Borrowing Authority | <input type="checkbox"/> Corporate By-Laws/Board Meeting Minutes | <input type="checkbox"/> Operating Agreement | <input type="checkbox"/> None |
|--|--|--|-------------------------------|

1. i.e. Bitcoin

2. i.e. Currency Exchange Houses; Money Transmitters; Check Casher; Issuer, Seller or Redeemer of Money Orders (Western Union, MoneyGram, etc.)

CLIENT INFORMATION

DISCLOSURE APPENDIX A to § 1010.230

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

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 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 or renewing an account 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, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

Legal entity customer does not include a natural persons opening or renewing accounts on their own behalf or any of the legal entity types below. If your company or account type meets one of these exemptions, please check. No further information is needed.

<input type="checkbox"/> Account is Non_Custody	<input type="checkbox"/> Insurance Company (State Regulated)
<input type="checkbox"/> Commercial Schedule B Term Loan	<input type="checkbox"/> Participation/Syndication (BOKF not Agent or Lead Bank)
<input type="checkbox"/> Entity on American or NY Stock Exchange	<input type="checkbox"/> Premium Finance Company
<input type="checkbox"/> Entity on NASDAQ Stock Market	<input type="checkbox"/> Public Entity/Tribal Nation Legal (Tribe recognized by US government)
<input type="checkbox"/> ≥51% Sub – American Stock Exchange*	<input type="checkbox"/> SEC Registered Investment Advisor or Entity
<input type="checkbox"/> ≥51% Sub - NY Stock Exchange *	<input type="checkbox"/> SOX Reg Public Accounting *
<input type="checkbox"/> ERISA Qualified Retirement Plan	<input type="checkbox"/> Savings Loan Holding Company
<input type="checkbox"/> Estate of Deceased Person	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> FSOC-Financial Market Utility *	<input type="checkbox"/> Sub-Account for BOKF Account (Used for BOKF internal accounting)
<input type="checkbox"/> Financial Institution (Federal/State Regulated)	<input type="checkbox"/> Tranche for BOKF Account (Sub-account for master commitment /facility)
<input type="checkbox"/> Foreign Government Monitored Financial Institution *	<input type="checkbox"/> Trust-Non Statutory Trust
<input type="checkbox"/> Foreign Government-No Commercial Activity *	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Governmental Entity	

The following Legal Entity customers are only required to provide the Person of Significant Control information on the Certification form. No Beneficial Owner information required. If your company meets one of these exemptions, please check and complete sections A, B, D plus E.

☐ No Owner with 25% Equity ☐ Financial Institution Pooled Investment Vehicle* ☐ Non-Profit Organization

**Requires documentary evidence*

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 individuals (i.e., the **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 number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner and control person listed on this form.

**INTERNAL USE - - - REQUIRED**

TPSS CUSTOMER #	
COMMIT/FACILITY # & LOAN/ACCT #s	
BANK #	
TAX ID #	

CERTIFICATION OF BENEFICIAL OWNER(S)**a. Name, Legal Designation, and Address of Legal Entity for Which the Account is Being Opened or Maintained:**

Company Name: _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Public Funds Entity |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Unincorporated Association | | |

Physical Street Address: _____

City, State and Zip: _____ Country: _____

b. Tax ID: _____

- c.** The following information for **each** individual, 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, write "Not Applicable"). **If Beneficial Owner is same as Person of Control the Title field is required.**

Beneficial Owner Name ¹ (Must be a Natural Person)	Title	Date of Birth	Residential or Home Address (Street Address (No PO Box), City, State, Zip, Country)	US Person: SSN Non-US Person: ITIN, Passport # and Issuing Country, or other identification number ²
1				
2				
3				
4				

Is Control Person also a Beneficial Owner? If yes, please select one: BO#1 BO#2 | #3 BO#4 N/A

- d.** 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); any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (d) above may also be listed in this section (e)).

Name ¹ (Person of Control)	Title	Date of Birth	Residential or Home Address (Street Address (No PO Box), City, State, Zip, Country)	US Person: SSN Non-US Person: ITIN, Passport # and Issuing Country, or other identification number ²

☐ **If Person of Control is same as Person Opening or Maintaining Account please check the box. Sign below.**

- e.** I, (Natural Authorized Person Opening or Maintaining Account) _____
hereby certify, am authorized to represent the legal entity opening or maintaining the account and to the best of my knowledge that the information provide above is complete and correct. I also agree to notify the financial institution of any change in such information

Signature: _____ Date: _____

1. Photocopy of unexpired Government issued ID or other identification documentation may be requested for each Beneficial Owner and Person of Control.

2. In lieu of a passport number, Non-U.S. Persons may also provide an ITIN, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.