



Legal Entity Information

Company Name			Tax ID Number		
Entity Type					
Is the business any of the following?	DBA	Sole Member LLC	IOLTA	Disregarded Entity	
DBA/Parent Company Name (if applicable)			Tax ID <i>(if different for filing purposes)</i>		
Business Phone			Fax Number		
Business Web Address			NAICS Code		
Narrative description of the business	Please include what the business does, the services/products it offers, the customer base, and general geographic operating area.				
Is the business industry related to one of the following categories?	Does the business include any of the following categories? <i>Hold the CTRL key for multiple selections</i>				
Date Entity Established		Country of Incorporation			
State of Incorporation		If state registration is not Texas, is the business also registered in Texas?		Yes	No
Trading Details	Privately Owned Publicly Traded: Ticker Symbol	For publicly traded entities, where are equity interests/common stock traded? United States Other:			
Primary Physical Address <i>(cannot be a PO Box)</i>	<i>Click here if this is a home-based business</i>				
Is there a significant physical business presence at a location other than the Primary Physical Address provided above?	Yes No If yes, please provide details:				
Mailing Address					
Does this business have an international presence?	Yes No If yes, please provide the countries in which the entity conducts business:				
Is the business a regulated entity?	Yes No	If yes, please select the Regulatory Authority:			

Has the business or associated persons ever had any regulatory or criminal enforcement actions from any government entity resulting in violations of Anti-Money Laundering, Terrorist Financing, and/or Fraud Prevention laws or regulations?	Yes If yes, please provide specific dates, names, and actions taken: No		
Is the business or one of its affiliated principals a Politically Exposed Person (PEP)?	Yes Domestic Foreign	No	If yes, please describe the position held and/or the relationship to the political figure:
Is this a cash intensive business?	Yes No		
Does this business operate as a fund?	Yes <i>(Hold the CTRL key for multiple selections)</i> No		
Is the business involved in the energy sector?	Yes <i>(Hold the CTRL key for multiple selections)</i> No		
Is the business involved with real estate?	Yes Select the types of properties this business is involved with. No <i>(Hold the CTRL key for multiple selections)</i>		
REAL ESTATE: Is the business intended for development or management of one property/project or multiple properties/projects?	Yes One property/project Multiple properties/projects No	Please list the property name for one project or the general geographic area for multiple projects:	
Is the business a mortgage lender/servicer?	Yes Select all that apply <i>(Hold the CTRL key for multiple selections.)</i> No		
Is this a non-banking Financial Institution?	Yes Select all that apply <i>(Hold the CTRL key for multiple selections.)</i> No		
Money Service Business (MSB) ONLY	Is the MSB registered with FinCEN? Select the products/services offered by the MSB. Yes No <i>(Hold the CTRL key for multiple selections.)</i> Will any of the accounts be used for MSB related activities? Yes No		
Securities and Commodities Firm ONLY	Select the products/services offered by the securities and commodities firms. <i>(Hold the CTRL key for multiple selections.)</i>		



Certification of Beneficial Ownership

Controlling Party

*This individual is required to provide full legal name, date of birth, physical address, SSN, and unexpired identification.

Please indicate:	Existing Texas Capital customer/signer		New Texas Capital customer/signer	
Full Legal name			Professional Title	
Business Phone			Mobile/Other	
Date of Birth			Email Address	
Physical Address (cannot be a PO box)				
Mailing Address (if different than above)				
Identification	Type	Identification Number	Issuance Date	Expiration Date
Citizenship	US Person? Yes No	NRA Foreign National	Country of Citizenship	Country of Residency

Part A

Please select one of the following options	There are no individuals and/or trusts who, directly or indirectly, own 25 percent or more of the equity interest of the legal entity customer.			
	Entity operates as a charity, non-profit, and/or religious organization.			
	Entity is a pooled investment vehicle.			
	<u>If you selected one of the above options, the next section (Part B) does not apply.</u>			
	None of the above statements apply to this legal entity (proceed to Part B)			

Part B

Beneficial Owner 1

*This individual is required to provide full legal name, date of birth, physical address, SSN, and unexpired identification.

Please indicate:	Existing Texas Capital customer/signer	New Texas Capital customer/signer	Percentage of ownership	
Full Legal name			Professional Title	
Business Phone			Mobile/Other	
Date of Birth			Email Address	
Physical Address (cannot be a PO box)				
Mailing Address (if different than above)				
Identification	Type	Identification Number	Issuance Date	Expiration Date
Citizenship	US Person? Yes No	NRA Foreign National	Country of Citizenship	Country of Residency



Beneficial Owner 2

*This individual is required to provide full legal name, date of birth, physical address, SSN, and unexpired identification

Please indicate:	Existing Texas Capital customer/signer	New Texas Capital customer/signer	Percentage of ownership	
Full Legal name			Professional Title	
Business Phone			Mobile/Other	
Date of Birth			Email Address	
Physical Address (cannot be a PO box)				
Mailing Address (if different than above)				
Identification	Type	Identification Number	Issuance Date	Expiration Date
Citizenship	US Person? Yes No	NRA Foreign National	Country of Citizenship	Country of Residency

Beneficial Owner 3

*This individual is required to provide full legal name, date of birth, physical address, SSN, and unexpired identification

Please indicate:	Existing Texas Capital customer/signer	New Texas Capital customer/signer	Percentage of ownership	
Full Legal name			Professional Title	
Business Phone			Mobile/Other	
Date of Birth			Email Address	
Physical Address (cannot be a PO box)				
Mailing Address (if different than above)				
Identification	Type	Identification Number	Issuance Date	Expiration Date
Citizenship	US Person? Yes No	NRA Foreign National	Country of Citizenship	Country of Residency



Beneficial Owner 4

*this individual is required to provide full legal name, date of birth, physical address, SSN, and unexpired identification

Please indicate:	Existing Texas Capital customer/signer	New Texas Capital customer/signer	Percentage of ownership	
Full Legal name			Professional Title	
Business Phone			Mobile/Other	
Date of Birth			Email Address	
Physical Address (cannot be a PO box)				
Mailing Address (if different than above)				
Identification	Type	Identification Number	Issuance Date	Expiration Date
Citizenship	US Person? Yes No	NRA Foreign National	Country of Citizenship	Country of Residency

Trust Information

*All trustees are required to provide full legal name, date of birth, physical address, SSN, and unexpired identification

Please indicate:	Existing Texas Capital customer/signer	New Texas Capital customer/signer	Percentage of ownership	
Trust name				
Full legal name of trustee			Professional title	
Business Phone			Mobile/Other	
Date of Birth			Email Address	
Physical Address (cannot be a PO box)				
Mailing Address (if different than above)				
Identification	Type	Identification Number	Issuance Date	Expiration Date
Citizenship	US Person? Yes No	NRA Foreign National	Country of Citizenship	Country of Residency