LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION

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This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit and any similar business entity, if formed in the United States. Federal law requires all financial institutions to obtain, verify and record information that identifies each customer who opens an account and, in some cases, the natural persons who control and beneficially own a legal entity that opens an account. Please type or print clearly.

1. Account Information

Person opening an account on behalf of a legal entity must provide the following information:

Name and Title of Natural Person Opening Account

Account Number

Name of Legal Entity for Which the Account Is Being Opened

Address of Legal Entity for Which the Account Is Being Opened

City

State

ZIP

2. Beneficial Owner(s)

The following information must be provided for each individual, if any, who, directly or indirectly, owns 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation).

Beneficial Owner 1

Name

SSN

Birth Date (MM-DD-YYYY)

Residential or Business Address

City

State

ZIP

Beneficial Owner 2

Name

SSN

Birth Date (MM-DD-YYYY)

Residential or Business Address

City

State

ZIP

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Beneficial Owner 3

Name

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

Residential or Business Address

City State ZIP

Beneficial Owner 4

Name

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

Residential or Business Address

City State ZIP

Please attach a page **listing additional beneficial owners** with their identifying information, if needed.

3. Control Person

The following information must be provided for an individual with significant responsibility for managing the legal entity, such as an executive officer or senior manager (e.g., a chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer). If appropriate, an individual listed under section (2) may also be listed here.

Name

SSN ☐☐☐☐☐☐☐☐☐ Birth Date (MM-DD-YYYY) ☐☐-☐☐-☐☐☐☐

Residential or Business Address

City State ZIP

4. Certification

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. Note that this document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

I, _____ , hereby certify that, to the best of my knowledge, the information provided herein is complete and correct.

X _____

Signature of Owner/Authorized Signer Date