

Certification Regarding Beneficial Owners of Legal Entity Customers

GENERAL INSTRUCTIONS

Who has to complete this form?

This form must be completed by the person opening a new account at Truliant Federal Credit Union on behalf of a legal entity. 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 does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What is the purpose of 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.

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 foreign persons) for the following individuals (i.e., the beneficial owners):

- (A) 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
- (B) 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 (A), 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 (A), you must provide the identifying information of one individual under section (B). 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 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (B)), and up to five individuals (i.e., one individual under section (B) and four 25 percent equity holders under section (A)).

Truliant may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

TRULIANT BUSINESS ACCOUNT: CERTIFICATION OF BENEFICIAL OWNER(S)

Business Name:			Taxpayer ID:	
Street Address:				
City:	State:	Zip:	Phone:	
Name and Title of Nat	tural Person Op	ening Account/L	oan:	
Name:		T	itle:	
(A) Beneficial Owne	ers			
The following information for	each individual, if any		rectly, through any contract, arran ne equity interests of the legal ent	
Name		Date of Birth	Social Security/Tax ID	% of Ownership
Address			ID Type ID #	State/Country of Issuance
OWNER 2				
Name		Date of Birth	Social Security/Tax ID	% of Ownership
Address			ID Type ID #	State/Country of Issuance
OWNER 3				
Name		Date of Birth	Social Security/Tax ID	% of Ownership
Address			ID Type ID #	State/Country of Issuance
OWNER 4				
Name		Date of Birth	Social Security/Tax ID	% of Ownership
Address			ID Type ID #	State/Country of Issuance
An executive officer or Member, General PartAny other individual w	one individual with s senior manager (e.g tner, President, Vice l ho regularly performs	., Chief Executive Offi President, Treasurer); s similar functions	y for managing the legal entity list cer, Chief Financial Officer, Chief or so be listed in this section (B)	
Name		Date of Birth	Social Security/Tax ID	Title
Address			ID Type ID #	State/Country of Issuance
I, to the best of my kno	wledge, that the	(name of na information provide	atural person opening acco ded above is complete and	unt), hereby certify, correct.
Signature		Title		Date

Organization Number: