



CERTIFICATION REGARDING
BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

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 business members. 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 must complete this form?

This form must be completed by the person opening a new membership 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 does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information must be provided?

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 member (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 member (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 listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening a membership account on behalf of a Legal Entity must provide the following information:

a. Name and Title of Natural Person opening account:

b. Name, Type, and Address of Legal Entity for which the account is being opened:

c. The following information for each individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	% of Ownership
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" above and explain below (i.e. All <25%; Charity/Non-Profit; etc.):

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

d. The following information for one individual with significant responsibility for managing the Legal Entity listed above:

- 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 under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

I, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information above is complete and correct.

SIGNATURE:

DATE:

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an 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.

BENEFICIAL OWNER IDENTITY VERIFICATION:

Beneficial Owner #1:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #2:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #3:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #4:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Individual with Control:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Transaction Activity Questionnaire

Describe the nature of your business:

Accounts Requested (circle your selection) Savings Checking

Account Purpose (circle your selection) General Payroll

Business and Transaction Information: Please enter the anticipated monthly dollar amount and number of transactions for each of the following categories:

- Number of weekly deposits _____ Average amount of deposit(s) \$ _____

INCOMING ACTIVITY (estimate monthly dollar amount)		OUTGOING ACTIVITY (estimated monthly dollar amount)	
CASH DEPOSITS \$ _____	CHECK DEPOSITS \$ _____	CASH WITHDRAWALS \$ _____	CHECK WITHDRAWALS \$ _____
ACH \$ _____		ACH \$ _____	
WIRE \$ _____		WIRE \$ _____	
ATM DEPOSITS \$ _____		ATM WITHDRAWALS \$ _____	
		DEBIT CARD \$ _____	

1. Does your business provide any of the following types of service which would classify as a Money Service Business (MSB), currency dealer, or exchange? YES NO

**Check cashing for customers, pay day loans, act as a money transmitter, store value products, issue, sell or redeem traveler's check or money orders.*

Other – Describe: _____

2. Does your business accept payment in virtual currency? YES NO

**IF YES, please explain: _____

3. Is your business affiliated in any way with legalized marijuana in the State of Michigan? YES NO

** IF YES, please explain: _____

4. Does your business own or operate privately-owned ATM's? YES NO

**IF YES, explain the source of the cash used to replenish: _____

Please list the expected cash monthly dollar amount for the ATM cash replenishment \$ _____

5. Do you or your business participate in any form of Internet Gambling? YES NO

6. Does your business plan on conducting transactions internationally? YES NO

**IF YES, please explain: _____

7. Other services needed? Anything not previously discussed?

Print Name _____

Signature _____

Date _____