



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 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.

Business Tax ID Number _____

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:



Business Name _____ Business EIN/TIN: _____

Describe the goods and/or services provided by your business:

Accounts Requested and Purpose: Savings Checking General Payroll
 Business Money Market

<p>Does your business generate revenue, directly or indirectly, from services related to or engaged in the growth, sale, or distribution of marijuana or products containing CBD or marijuana?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>Does your business provide any of the following services that would classify it as a Money Service Business? (i.e.. Check cashing for customers, payday loans, money transmitter, issue/sell/redeem traveler's checks or money orders, etc.)</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>Does your business engage in the growth or cultivation of hemp?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>
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Business and Transaction Information: Please complete the expected transaction activity for each of the following categories:

1. Do you expect to conduct cash deposits? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

 2. Do you expect to initiate cash withdrawals? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

 3. Do you expect to receive wire deposits? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

 4. Do you expect to initiate wire transfers? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

 5. Do you expect to receive ACH/Electronic Funds deposits? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

 6. Do you expect to conduct ACH/Electronic Funds withdrawals? YES NO
Average Monthly Amount Range: Under \$3,000 \$10,001 - \$25,000 \$100,001 - \$250,000
 \$3,001 - \$5,000 \$25,001 - \$50,000 \$250,001 +
 \$5,001 - \$10,000 \$50,001 - \$100,000

 7. Does your business invest in and/or accept payment in virtual currency? (i.e.. Bitcoin) YES NO
**IF YES, explain: _____
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8. Does your business plan on conducting transactions internationally? YES NO

**IF YES, what types of transactions? _____

**IF YES, what countries? _____

9. Does your business participate in or generate revenue from Internet Gambling? YES NO

**IF YES, please explain: _____

*Please Note: If your business participates in Internet Gambling, additional supporting documentation is required prior to establishing a new account. (DORT EMPLOYEE: Please reference procedures for a list of supporting documentation required PRIOR to account opening.)

10. NGO/CHARITY

Do you depend, in whole or in part, on charitable donations and voluntary service for support? YES NO

** IF YES, please explain: _____

*Please Note: If your business is a NGO/Charity and international transactions are expected on this business account, Dort Financial Credit Union will contact you to request additional documentation required for our records.

11. Does your business own, operate and/or replenish privately-owned ATM's? YES NO

**IF YES, please provide a copy of your ATM-related contract agreement within 14 days and complete the additional information below.

a. Does the ATM(s) accept:

- Withdrawals and Deposits
- Withdrawals Only

b. Do you have access to replenish the cash within the ATM(s)? YES NO

c. What is the source of cash used to replenish the ATM(s)?

- Business Proceeds
- Armored Car Services
- Cash from a Dort Financial account
- Cash from another Financial Institution
- Other: _____

d. Please complete the chart below:

Address Location(s) of the ATM(s):	How often is the ATM cash replenished?	Expected <u>monthly</u> cash amount for the replenishment
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

*By signing below, I certify that the information stated above is true and correct to the best of my knowledge.
Falsifying information on this document may result in account closure.*

Print Name: _____

Signature: _____ Date: _____