

## CERTIFICATION OF BENEFICIAL OWNER(S)

***The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).***

Account Number(s): \_\_\_\_\_

**All persons opening an account on behalf of a legal entity must provide the following information:**

1. Last Name of Natural Person Opening Account		2. First Name		3. Middle Initial	
4. Title					
5. Name and type of Legal Entity for Which the Account is Being Opened					
5a. Legal Entity Address		5b. City		5c. State	5d. ZIP/Postal Code

### SECTION I *(To add additional individuals, see page 3)*

Please provide the following information for an individual(s), 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.

**Check here  if no individual meets this definition and complete Section II.**

6. Last Name		7. First Name		8. M.I.	9. Ownership %
10. Address					
11. City		12. State		13. Zip/Postal Code	14. Country
15. Date of Birth (MM/DD/YYYY)	16. SSN (U.S. Persons)	17. For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
		17a. Country of issuance:			

Note: 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.

### SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, 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.

17. Last Name		18. First Name		19. M.I.	
21. Title					
22. Address					
23. City		24. State		25. ZIP/Postal Code	26. Country
26. Date of Birth (MM/DD/YYYY)	27. SSN (U.S. Persons)	28. For Non-U.S. persons (SSN, Passport Number or other similar identification number)			
		28a. Country of issuance:			

Note: 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.

**I, \_\_\_\_\_ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify Community Financial Credit Union promptly of any changes to this information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

Legal Entity Identifier (Optional): \_\_\_\_\_

**ADDITIONAL SECTION I - SECOND BENEFICIAL OWNER** *(If required)*

Please provide the following information for an individual(s), 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.

6. Last Name		7. First Name		8. M.I.		9. Ownership %	
10. Address							
11. City			12. State		13. Zip/Postal Code		14. Country
15. Date of Birth (MM/DD/YYYY)		16. SSN (U.S. Persons)	17. For Non-U.S. persons (SSN, Passport Number or other similar identification number)				
			17a. Country of issuance:				

Note: 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.

**ADDITIONAL SECTION I - THIRD BENEFICIAL OWNER** *(If required)*

Please provide the following information for an individual(s), 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.

6. Last Name		7. First Name		8. M.I.		9. Ownership %	
10. Address							
11. City			12. State		13. Zip/Postal Code		14. Country
15. Date of Birth (MM/DD/YYYY)		16. SSN (U.S. Persons)	17. For Non-U.S. persons (SSN, Passport Number or other similar identification number)				
			17a. Country of issuance:				

Note: 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.

**ADDITIONAL SECTION I - FOURTH BENEFICIAL OWNER** *(If required)*

Please provide the following information for an individual(s), 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.

6. Last Name		7. First Name		8. M.I.		9. Ownership %	
10. Address							
11. City			12. State		13. Zip/Postal Code		14. Country
15. Date of Birth (MM/DD/YYYY)		16. SSN (U.S. Persons)	17. For Non-U.S. persons (SSN, Passport Number or other similar identification number)				
			17a. Country of issuance:				

Note: 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.