



BENEFICIAL OWNERSHIP CERTIFICATION FORM

For Account Numbers: \_\_\_\_\_

A. Name and title of natural person opening account(s): \_\_\_\_\_

B. Name of legal entity for which the account is being opened: \_\_\_\_\_ C. Type of legal entity: \_\_\_\_\_

D. Address of legal entity \_\_\_\_\_

E. Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer/senior manager (e.g. CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer, etc.) or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section E above may also be listed below in section F.)

Exemptions for section E include sole proprietorships, unincorporated associations, non-statutory trusts, publicly traded companies, and financial institutions.

Table with 4 columns: Name and Title, Date of Birth, Residential Address, For US Persons: Social Security # / For Foreign Persons: Passport # and Country of Issuance\*

Please verify the identity of the control person by completing section G page 2 as applicable.

F. Complete 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.

Exemptions for section F include sole proprietorships, unincorporated associations, non-statutory trusts, publicly traded companies, financial institutions, non-profits, churches, and IOLTAS.

Table with 6 columns: Name, Date of Birth, Residential Address, For US Persons: Social Security # / For Foreign Persons: Passport # and Country of Issuance\*, % Owner

Please verify the identity of all beneficial owners by completing section H on page 2 as applicable.

Ownership Comments – If all four spaces in the above chart are not filled, please explain why below:

\_\_\_\_\_

I, \_\_\_\_\_ (print name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I understand that I am responsible to keep BankFive informed of any changes to the beneficial ownership or control of this legal entity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

\* In lieu of a passport number, foreign persons may also provide an alien identification card number or the number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



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G. Please verify the identity of the **Control Person** listed in section E by completing the identification information listed below:

ID Type	ID Number	State/Country of Issuance	Issue Date	Expiration Date

H. Please verify the identities of all **Beneficial Owners** listed in section F by completing the identification information listed below:

	ID Type	ID Number	State/Country of Issuance	Issue Date	Expiration Date
1					
2					
3					
4					

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

**Comments:**