



iTHINK Financial Credit Union  
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## CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

*\*Do not complete for sole proprietorships using a social security number\**

### I. General Instructions

**What is this form?** To help fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers (*corporations*) and disclose the key individuals who own or control a legal entity.

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

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., a person who owns 25% or more of the shares of a corporation); **AND**
- (ii) An individual with significant responsibility for managing the legal entity (e.g., President, Vice President, Treasurer, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Partner, General Partner, or other individuals with similar responsibilities).

### II. Certification of Business Owner(s) - Persons opening an account on behalf of a legal entity must provide the following information:

A. Name of person(s) opening account or maintaining business relationship with credit union.

B. Name of legal entity for which the account is being opened/maintained:

C. Complete the following information for each individual, if any, who directly or indirectly owns **25% or more** of the equity interest of the legal entity listed above. If no individual meets this definition, check below box "**beneficial owner not applicable**" and skip to (D).

**Beneficial owner not applicable** (there are no owners with 25%+ ownership interest in the corporation)

#### Beneficial Ownership Information

BENEFICIAL OWNER 1:	SOC SEC #	DATE OF BIRTH	% OWNERSHIP
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES
BENEFICIAL OWNER 2:	SOC SEC #	DATE OF BIRTH	% OWNERSHIP
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES
BENEFICIAL OWNER 3:	SOC SEC #	DATE OF BIRTH	% OWNERSHIP
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES

D. **CONTROLLING PERSON INFORMATION:** Provide the following information for one individual with significant responsibility for managing the legal entity: (e.g. President, Vice President, Treasurer, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Partner, or General Partner: OR any other individual that regularly performs similar functions (if appropriate, an individual listed under section (C) above may be listed in this section (D)).

#### Controlling Person

INDIVIDUAL NAME	Title	SOC SEC #	DATE OF BIRTH
STREET ADDRESS:		CITY	STATE ZIP
DRIVER'S LICENSE #	STATE EXPIRES	OR PASSPORT #	COUNTRY EXPIRES

### III. Certification and Agreement

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened.

SIGNATURE

X

DATE