

CERTIFICATION OF BENEFICIAL OWNERS

Persons opening an account on behalf of a Legal Entity - please provide the following information:

Please check the appropriate box which identifies the type of Legal Entity opening the account:	
<input type="checkbox"/> C or S Corporation	<input type="checkbox"/> LLC
<input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporated Associations/Union
<input type="checkbox"/> Statutory Trust	
Name of person opening account:	
Title of person opening account:	
Name of Legal Entity for which account is being opened:	
Address of Legal Entity opening account:	
Phone number for Legal Entity:	
Company Tax ID #	
Account # (entered by banker)	

Provide the following information for **each** individual (natural person), 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.

For non-U.S. Persons: SSN, Passport number and Country of Issuance, or similar identification number. In lieu of passport number, you may also provide 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 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. _____)

Name:	<input type="checkbox"/> Check if also Controller Manager	Date of Birth:
Address:	SSN:	% of Ownership
Driver's License #	State of Issuance:	
Driver's License Issue Date:	Driver's License Expiration Date:	
Passport #:	Country of Issuance:	
Other ID if applicable:	Phone #:	
Occupation:	Employer:	

Name:	<input type="checkbox"/> Check if also Controller Manager	Date of Birth:
Address:	SSN:	% of Ownership
Driver's License #	State of Issuance:	
Driver's License Issue Date:	Driver's License Expiration Date:	
Passport #:	Country of Issuance:	
Other ID if applicable:	Phone #:	
Occupation:	Employer:	

Name:	<input type="checkbox"/> Check if also Controller Manager	Date of Birth:
Address:	SSN:	% of Ownership
Driver's License #	State of Issuance:	
Driver's License Issue Date:	Driver's License Expiration Date:	
Passport #:	Country of Issuance:	
Other ID if applicable:	Phone #:	
Occupation:	Employer:	

Name:	<input type="checkbox"/> Check if also Controller Manager	Date of Birth:
Address:	SSN:	% of Ownership
Driver's License #	State of Issuance:	
Driver's License Issue Date:	Driver's License Expiration Date:	
Passport #:	Country of Issuance:	
Other ID if applicable:	Phone #:	
Occupation:	Employer:	

Not applicable – if no individual meets this definition, please check the box and explain below (i.e. – All owners <25%, Charity/Non-Profit, etc.): _____

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Repeat this information from page 1:

Name of person opening account:	
Name of Legal Entity for which account is being opened:	
Company Tax ID #	
Account # (entered by banker)	

Please identify one individual with significant responsibility for managing the Legal Entity listed above. This should be an executive officer or senior manager (e.g. CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer; or, any other individual who regularly performs similar functions. A Beneficial Owner listed above may also be this individual. **If this is the case, please make sure the box is checked next to the name of the Beneficial Owner; it's not necessary to duplicate the information below.**

Name:	Date of Birth:
Address:	SSN:
Driver's License #	State of Issuance:
Driver's License Issue Date:	Driver's License Expiration Date:
Passport #:	Country of Issuance:
Other ID if applicable:	Phone #:
Occupation:	Employer:

I, (name of person opening account) _____, hereby certify, to the best of my knowledge, that the information provided on this Certification of Beneficial Owners form is complete and correct. Additionally, I agree to notify INB, National Association if there are any changes to beneficial owner or controller manager for the above named business.

Signature: _____ Date: _____