



Beneficial Ownership Certification

GENERAL INSTRUCTIONS

What is this form?

Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in a number of financial related 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 has to complete this form?

This form must be completed by an authorized individual representing 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, Unincorporated Associations, or Natural Persons opening accounts on their own behalf.

(a) Name and Title of Natural Person completing the certification:

Legal Name:

First _____ MI _____ Last _____

Title _____

(b) Name and Address of Legal Entity:

Legal Entity Name _____

DBA Name (optional) _____

Legal Entity Tax ID #: _____

Street Address _____

City, State, Zip code _____

Country _____



What information must be provided?

Provide name, street 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 individuals identified as Controlling Person and Beneficial Owner(s) below. The Controlling Person’s title must be provided; the equity interest for each Beneficial Owner must be indicated. **A copy of one identifying document for the Controlling Person and each Beneficial Owner listed below must be provided.** Acceptable identification documents include: Passport, Driver's License, Employment Authorization Card, Permanent Resident Card/Green Card, US Immigration Visa, or US Military ID. If the Controlling Person/Beneficial Owner does not have a SSN/ITIN, then a copy of their Passport or Permanent Resident/Green Card must be provided.

(c) Controlling Person: One individual, with significant responsibility for managing the legal entity listed above such as: an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer); or any other individual who regularly performs similar functions.

Check the box if information about the Controlling Person has been submitted previously and there has been no change since it was provided. Continue to Section (d).

Legal Name:

First _____ MI _____ Last _____

Title _____

SSN / ITIN _____

If individual does not have SSN / ITIN then provide one of the following:

Passport Permanent Resident Card / Green Card

Issued by: _____ ID#: _____

Issue date: _____ Expiration date: _____

If Passport or Permanent Resident Card/Green Card is used, a copy of this document is required for identification purposes.

Date of Birth (MM/DD/YYYY) _____

Residential Street Address _____

City, State, Zip Code, Country _____



(d) Beneficial Owner(s): Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25 percent or more** of the equity interest of the legal entity listed above. There may be zero or up to four Beneficial Owner(s). Beneficial Owner(s) are not applicable to non-profits, trusts, or pooled investment vehicles operated or advised by a financial institution.

Check the box if no individual has 25% or more equity interest or if this entity is a non-profit, trust or a pooled investment vehicle that is operated or advised by a financial institution. Continue to Section (e).

Check the box if information about the Beneficial Owner(s) has been submitted previously and there has been no change since it was provided. Continue to Section (e).

Beneficial Owner #1:

Legal Name: First _____ MI _____ Last _____

Percentage of Ownership _____% (whole number only)

SSN / ITIN _____

If individual does not have SSN / ITIN then provide one of the following:

Passport Permanent Resident Card / Green Card

Issued by: _____ ID#: _____

Issue date: _____ Expiration date: _____

If Passport or Permanent Resident Card/Green Card is used, a copy of this document is required for identification purposes.

Date of Birth (MM/DD/YYYY) _____

Residential Street Address _____

City, State, Zip Code, Country _____

Beneficial Owner #2:

Legal Name: First _____ MI _____ Last _____

Percentage of Ownership _____% (whole number only)

SSN / ITIN _____

If individual does not have SSN / ITIN then provide one of the following:

Passport Permanent Resident Card / Green Card

Issued by: _____ ID#: _____

Issue date: _____ Expiration date: _____

If Passport or Permanent Resident Card/Green Card is used, a copy of this document is required for identification purposes.

Date of Birth (MM/DD/YYYY) _____

Residential Street Address _____

City, State, Zip Code, Country _____

Beneficial Owner #3:

Legal Name: First _____ MI _____ Last _____

Percentage of Ownership _____% (whole number only)



SSN / ITIN _____

If individual does not have SSN / ITIN then provide one of the following:

- Passport
- Permanent Resident Card / Green Card

Issued by: _____ ID#: _____

Issue date: _____ Expiration date: _____

If Passport or Permanent Resident Card/Green Card is used, a copy of this document is required for identification purposes.

Date of Birth (MM/DD/YYYY) _____

Residential Street Address _____

City, State, Zip Code, Country _____

Beneficial Owner #4:

Legal Name: First _____ MI _____ Last _____

Percentage of Ownership _____% (whole number only)

SSN / ITIN _____

If individual does not have SSN / ITIN then provide one of the following:

- Passport
- Permanent Resident Card / Green Card

Issued by: _____ ID#: _____

Issue date: _____ Expiration date: _____

If Passport or Permanent Resident Card/Green Card is used, a copy of this document is required for identification purposes.

Date of Birth (MM/DD/YYYY) _____

Residential Street Address _____

City, State, Zip Code, Country _____

(e) Certification:

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct and I further certify that I understand I have an ongoing obligation to inform BB&T of any changes to the information I am providing at such time that any of the information changes.

Signature: _____ Date: _____

