

C. 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 interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip this section.

Note: When the entity is owned by a Trust, the individual trustee must be listed in the owner section.

Beneficial Owner Not Applicable

-For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the (SSN/ITIN) and leave Primary ID Type, Description and ST/Ctry/Prov blank.

-For a non-U.S. person without a (SSN/ITIN), provide a Passport Number and Country of Issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Owner 1 Information: _____% of ownership

Full Legal Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		
Enterprise Customer Number (ECN) (For Bank Use Only):				

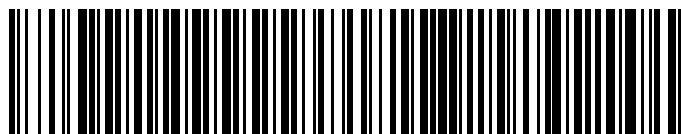
Owner 2 Information: _____% of ownership

Full Legal Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		
Enterprise Customer Number (ECN) (For Bank Use Only):				

Owner 3 Information: _____% of ownership

Full Legal Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		
Enterprise Customer Number (ECN) (For Bank Use Only):				

Manual Submission Instructions:
Route signed and completed form to Deposit Product Support Services.
Scanner Enabled Branches should scan.
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F001-0000BBG6784A-02

Owner 4 Information: _____% of ownership

Full Legal Name		Street Address		
Date of Birth		Address Line 2		
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		
Enterprise Customer Number (ECN) (For Bank Use Only):				

D. The following information for 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, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the SSN/ITIN and leave Primary ID Type, Description and ST/Ctry/Prov blank.
- For a non-U.S. person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Individual with Control Information

Full Legal Name		Title		
Street Address		<input type="checkbox"/> CEO	<input type="checkbox"/> CFO	<input type="checkbox"/> COO
Date of Birth		<input type="checkbox"/> President	<input type="checkbox"/> Vice President	<input type="checkbox"/> Treasurer
TIN type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number _____		<input type="checkbox"/> General Manager	<input type="checkbox"/> General Partner	<input type="checkbox"/> Managing Member
Primary ID Type		<input type="checkbox"/> Officer/Manager		
Primary ID Description				
Primary ID St/Ctry/Prov		City	State	Country
Enterprise Customer Number (ECN) (For Bank Use Only):		ZIP/Postal Code		

Certified/Agreed To

I, _____, hereby certify, to
Full Legal Name of Person Opening Account

the best of my knowledge, that the information provided above is complete and correct.

Signature	Date
_____	_____

