

CERTIFICATION OF BENEFICIAL OWNER(S) - SBA



Persons opening an account on behalf of a legal entity must provide the following information:

A. Name of the Legal Entity for Which the Account is Being Opened

Entity Name	Entity TIN
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B. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, own 20% or more of the equity interests in the legal entity listed above:

- For a U.S. person, provide social security number (SSN) or taxpayer identification number (TIN).
- For a non-U.S. person, without an SSN or federal taxpayer identification number (FTIN), must provide their passport number and country of issuance. In lieu of a passport, non-U.S. persons may also provide a U.S. government issued ID.

Check this box if there is no individual that owns 20% or more equity interests in the legal entity (if checked, skip Section B. and go to Section C.)

Check this box if the legal entity is exempt from the beneficial ownership rule (if checked, skip Section B. and go to Section E.)

Beneficial Owner 1: % Ownership	
1 – Name	1 – Address [Street, City, St/Zip/Post Code, Country]
1 – Date of Birth	1 – U.S. Tax ID Number
1 – ID Document Type	1 – ID Document Number
1 – U.S. State or Country of Issuance	1 – Issue Date
	1 – Expiration Date
Beneficial Owner 2: % Ownership	
2 – Name	2 – Address [Street, City, St/Zip/Post Code, Country]
2 – Date of Birth	2 – U.S. Tax ID Number
2 – ID Document Type	2 – ID Document Number
2 – U.S. State or Country of Issuance	2 – Issue Date
	2 – Expiration Date
Beneficial Owner 3: % Ownership	
3 – Name	3 – Address [Street, City, St/Zip/Post Code, Country]
3 – Date of Birth	3 – U.S. Tax ID Number
3 – ID Document Type	3 – ID Document Number
3 – U.S. State or Country of Issuance	3 – Issue Date
	3 – Expiration Date
Beneficial Owner 4: % Ownership	
4 – Name	4 – Address [Street, City, St/Zip/Post Code, Country]
4 – Date of Birth	4 – U.S. Tax ID Number
4 – ID Document Type	4 – ID Document Number
4 – U.S. State or Country of Issuance	4 – Issue Date
	4 – Expiration Date
Beneficial Owner 5: % Ownership	
5 – Name	5 – Address [Street, City, St/Zip/Post Code, Country]
5 – Date of Birth	5 – U.S. Tax ID Number
5 – ID Document Type	5 – ID Document Number
5 – U.S. State or Country of Issuance	5 – Issue Date
	5 – Expiration Date

C. The following information for one individual with significant responsibility for managing the legal entity:

Individual's Name	Individual's Title
If the Individual is ALSO listed as a Beneficial Owner above – simply indicate the Name, otherwise you must obtain the following additional information:	
Date of Birth	U.S. Tax ID Number
ID Document Type	ID Document Number
U.S. State or Country of Issuance	Address [Street, City, St/Zip/Post Code, Country]

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D. CERTIFICATION – Completed by Beneficial Owner, Controlling Individual or Authorized Account Signer:

NAME – Individual signing this Certification	TITLE
CERTIFICATION: By signing below I hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify the financial institution of any change in such information.	
SIGNATURE	DATE

E. CERTIFICATION OF EXEMPTION – Completed by the designated Lendistry employee providing certification:

If the legal entity is EXEMPT from the Beneficial Ownership rule, use this section to indicate the reason.

<p>Check the appropriate box below to report the reason for the EXEMPTION:</p> <p><input type="checkbox"/> Regulated Financial Institution <input type="checkbox"/> US or state government entity <input type="checkbox"/> Entities registered with the SEC <input type="checkbox"/> ERISA account</p> <p><input type="checkbox"/> Publicly traded firm on US exchange or owned 51% or more by listed entity <input type="checkbox"/> Insurance company regulated by a State</p> <p><input type="checkbox"/> Other _____</p>		
<p>CERTIFICATION: By signing below I hereby certify that the Exemption reason(s) indicated above does, to the best of my knowledge, accurately represent the legal entity's status.</p>		
NAME – Designated Lendistry Employee	SIGNATURE – Designated Lendistry Employee	Date

NOTE: This Certification form must be retained for five (5) years after the record is made, and for five (5) years after the date the account is closed.