



P.O. Box 377  
 Washington, MO 63090  
 636.239.7831  
 www.bankofwashington.com

Date \_\_\_\_\_

**CERTIFICATION OF BENEFICIAL OWNERSHIP OF LEGAL ENTITY CUSTOMERS**

**This form is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.**

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. 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.

**Please provide a copy of a government issued photo ID for each individual listed on this form. For foreign persons, include a copy of a passport, alien identification card or other acceptable government issued identification evidencing nationality or residence and bearing a photograph.**

**Legal Entity Information**

Entity Name		Tax Identification Number	
Entity Street Address	City	State	ZIP Code
Name of Individual Opening Account		Title	

**Beneficial Owners**

Up to four individuals (but as few as zero) may need to be identified as beneficial owners. If there are any businesses or trusts that have ownership in the entity opening the account, additional information may be needed to determine if there is indirect ownership.

Please provide information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more in the equity interests of the legal entity listed above.

Check this box if no individual owns 25% or more of the legal entity and that you will inform us if/when an individual assumes 25% or more ownership.

**Beneficial Owner 1 \_\_\_\_\_% of ownership**

Name		SS# or ITIN	Date of Birth	
Home Address	City	State	ZIP Code	
Occupation				

**Beneficial Owner 2 \_\_\_\_\_% of ownership**

Name		SS# or ITIN	Date of Birth	
Home Address	City	State	ZIP Code	
Occupation				

**Beneficial Owner 3 \_\_\_\_\_% of ownership**

Name	SS# or ITIN	Date of Birth	
Home Address	City	State	ZIP Code
Occupation			

**Beneficial Owner 4 \_\_\_\_\_% of ownership**

Name	SS# or ITIN	Date of Birth	
Home Address	City	State	ZIP Code
Occupation			

Below, please provide information for **one** individual with significant responsibility for controlling or managing the legal entity opening the account, 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.

**Control Person**

Name	SS# or ITIN	Date of Birth	
Home Address	City	State	ZIP Code
Position/Title with Legal Entity			

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify Bank of Washington of any change in the information provided.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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\_\_\_\_\_  
Bank Representative Name