

## CERTIFICATION OF BENEFICIAL OWNER(S)

Name of Business \_\_\_\_\_  
Type of Entity (LLC, Corp) \_\_\_\_\_ Nature of Business \_\_\_\_\_  
TIN \_\_\_\_\_ Phone Number \_\_\_\_\_  
Entity Physical Address \_\_\_\_\_  
Entity Mailing Address \_\_\_\_\_  
\*ID of Business (Doc. Type, #, Creation Date) \_\_\_\_\_  
\*☐ System Inquiry dated \_\_\_\_\_

**Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:**

Name (First, Middle Initial, Last Name) \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Section 1

**Please provide the following information for an individual(s) if any, who directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interest of the legal entity listed above. Check here ☐ if no individual meets this definition and complete Section II.**

Beneficial Owner 1 Information % of Ownership \_\_\_\_\_  
Name (First, Middle Initial, Last Name) \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Driver's License Number or Other Identify Document \_\_\_\_\_  
State (or Country) of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\*☐ Copy of ID Obtained \*☐ ChexSystems ☐ Credit Report ☐ System Inquiry dated \_\_\_\_\_

Beneficial Owner 2 Information % of Ownership \_\_\_\_\_  
Name (First, Middle Initial, Last Name) \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Driver's License Number or Other Identify Document \_\_\_\_\_  
State (or Country) of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\*☐ Copy of ID Obtained \*☐ ChexSystems ☐ Credit Report ☐ System Inquiry dated \_\_\_\_\_

Beneficial Owner 3 Information % of Ownership \_\_\_\_\_  
Name (First, Middle Initial, Last Name) \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Driver's License Number or Other Identify Document \_\_\_\_\_  
State (or Country) of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\*☐ Copy of ID Obtained \*☐ ChexSystems ☐ Credit Report ☐ System Inquiry dated \_\_\_\_\_

**Beneficial Owner 4 Information**    % of Ownership \_\_\_\_\_  
Name (First, Middle Initial, Last Name) \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Driver's License Number or Other Identify Document \_\_\_\_\_  
State (or Country) of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\* ☐ Copy of ID Obtained    \* ☐ ChexSystems ☐ Credit Report ☐ System Inquiry dated \_\_\_\_\_

Section II

**Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, 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 I may also be listed in this section.**

Name (First, Middle Initial, Last Name) \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Title \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Driver's License Number or Other Identify Document \_\_\_\_\_  
State (or Country) of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\* ☐ Copy of ID Obtained    \* ☐ ChexSystems ☐ Credit Report ☐ System Inquiry dated \_\_\_\_\_

**Anticipated Business Activity: Please check all that apply**

Outgoing Wires    ☐ Yes or ☐ No    If Yes, ☐ Domestic ☐ International    Average Amount \_\_\_\_\_  
Incoming Wires    ☐ Yes or ☐ No    If Yes, ☐ Domestic ☐ International    Average Amount \_\_\_\_\_  
☐ Large (>\$3000) Cash Deposits    ☐ Large (>\$3000) Cash Withdrawals    How often? \_\_\_\_\_  
Do you cash checks for others? ☐ Yes or ☐ No    If yes, is there a maximum dollar amount? \_\_\_\_\_  
Do you issue Money Orders? ☐ Yes or ☐ No    If yes, is there a maximum dollar amount? \_\_\_\_\_  
Do you intend to engage in Unlawful Internet Gambling? ☐ Yes or ☐ No  
Do you operate any private ATMs? ☐ Yes or ☐ No  
If yes, how is cash being replenished (store proceeds, armored car, etc.)? \_\_\_\_\_

I, \_\_\_\_\_ (*name of person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further agree to notify Legacy Bank if there are any changes to this information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*To be completed by bank representative