

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires Campus Credit Union to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial 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 the person opening a new account on behalf of a legal entity.

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.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons), and unexpired government issued photo ID for the following individuals (i.e., the **beneficial owners**):

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).



CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a Legal Entity must provide the following information:

a. **Name and Title** of Natural Person opening account: _____ Account #: _____

b. **Name, Type, and Address** of Legal Entity for which the account is being opened:

c. The following information for **each** individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more** of the equity interests of the Legal Entity listed above:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	% of Ownership
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit; etc.):

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

d. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

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)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

I, (***name of natural person opening account***), hereby certify, to the best of my knowledge, that the information above is complete and correct. I agree to notify Heartland Credit Union promptly in writing of any change to the beneficial ownership information contained in this Certification of Beneficial Ownership.

SIGNATURE:

DATE: Legal Entity Identifier (Optional): _____

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



HCU STAFF USE:**BENEFICIAL OWNER IDENTITY VERIFICATION:**

Beneficial Owner #1:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Social Security Number:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #2:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Social Security Number:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #3:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Social Security Number:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #4:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Social Security Number:
<input type="checkbox"/> OFAC Check
COMMENTS:

Individual with Control:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Social Security Number:
<input type="checkbox"/> OFAC Check
COMMENTS: