

Escrow Application Certification for Beneficial Owners

For Business Entity Only

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or identifying documents. For legal entities, we may also ask to see an unexpired, government-issued identification document or other identifying document for each identified beneficial owner.

Purpose of Account:								
Property Address/Collateral:								
Escrow Party (mark one): Payee Payer Assignee								
Entity Information								
Business:								
□Corporation—		ted Liability Company Ordinary Par			·			
			ited Liability Partnership ☐Association			1		
□ Joint Venture □ Other, explain: □ Other of a local antity most are information.								
Persons opening an account on behalf of a legal entity must provide the following information: Name of Natural Person Opening Account:								
Title of Natural Person Opening Account:								
Name of Legal Entity:								
Physical Address of Legal Entity:								
Purpose of Business:								
Legal Entity Tax Identification Number:								
Email Address (optional):								
Business Phone Number:								
Please provide the following information for each individual, if any, who, directly or indirectly, through any								
contract, arrangement, understanding, relationship or otherwise, owns 25 percent (25%) or more of the equity								
interests of the le	gal enti	ty listed ab	ove (if box ma	rked under th	e Not Applicable	section, skip to next se	ction):	
Legal Name: Date of Birt		n:	Street Address:		For U.S. Persons: Social Security Number ¹ :	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other ² :		
Beneficial Owner listing requirement is Not Applicable for the following:								
□ Nonprofit corporation or similar entity that has filed organizational documents with its state authority.								
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Please provide 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, Vice President, Treasurer or any o					any other individ			
Name:			Title:		Date of Birth:			
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:								
I, (name of natural person opening account), hereby certify, to the best								
of my knowledge, that the information provided above is complete and correct.								
Signature: Date:								
FOR INSTITUTION USE ONLY:								
	Type of	Document	Issued By:	<u> </u>	ument Number:	Issue Date:	Expiration Date:	
Owner 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 5000110		2500				
Owner 2								
Owner 3								
Owner 4								
Control								
COILLIOI	<u> </u>						<u> </u>	

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 evidence nationality or residence and bearing a photograph or similar safeguard.

² 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 evidence nationality or residence and bearing a photograph or similar safeguard.