

## **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/Co						
Escrow Party (mark one):  Payee Payer Assignee						
			Entity	Information		
Business:		_				
•			ited Liability Company			
			ited Liability Partner	ship  \text{Association}	n	
			er, explain:	y must provide the f	following informati	<u> </u>
Name of Natural Pers			ii oi a legal entity	y must provide the i	onowing informati	on:
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 Num						
		· • . <b>f</b>			d* 1	1 11
_		_		ividual, if any, who,		
_			=		- ·	more of the equity
		-		nder the Not Applicable	· ·	· ·
Legal Name:		Date of Birth	: Str	eet Address:	For U.S. Persons: Social Security Number <sup>1</sup> :	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other <sup>2</sup> :
<b>Beneficial Owner</b>	· listing re	equirement	is Not Applicable	e for the following:	<u> </u>	-
		•			al documents with	its state authority.
☐ Nonprofit corporation or similar entity that has filed organizational documents with its state authority. ☐ Unincorporated Association ☐ Sole Proprietorship						
	•			•	•	r managing the legal
-		_		e.g. Chief Executive Offic	•	
-				surer or any other individ	-	- · ·
Name:		Title:		Date of Birth:		
Street Address:		1				
For U.S. Persons: Social Security Number						
For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other:						
I, of my knowledge,	that the i	nformation		natural person openi is complete and corr	•	y certify, to the best
Signature: Date:						
J			FOR INSTIT	UTION USE ONLY:		
	Type of D	Oocument	Issued By:	Document Number:	Issue Date:	Expiration Date:
	1 . , p = = . =				<u> </u>	
Owner 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Owner 1 Owner 2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Owner 2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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.