

New CIF Number: _____

Information to be Obtained for New Customers (Entity)

Entity Name: _____

Tax ID Number: _____

Physical Address: _____

Mailing Address (if applicable): _____

Phone Number: _____

Email Address: _____

Website: _____

Signers & Titles: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

****You will also need to collect Beneficial Ownership Information (each person who directly or indirectly owns 25% of the entity) - see below****

Acceptable Forms of Primary ID:

- Articles of Incorporation or Organization (LLC)
- LLC Operating / Partnership / Franchise / Participation / Guarantor Agreement
- Assumed Name Certificate of Interest
- Not-for-Profit Status Letter
- Resolution (*not bank generated*)
- Trust Agreement/Certification
- Estate papers (Letters of Office, Small Estate Affidavit)
- Minutes of Meeting for Organizations/Associations
- Organization Bylaws / Membership Card

Acceptable forms of Secondary ID if Primary is not collected (*must collect two*):

- Certificate of Good Standing
- Financial Statement (Accountant-prepared)
- Tax Return (Accountant-prepared, filed)
- Master Certificate
- Insurance Policy

- Government-issued Business License
- Certificate of Ownership
- FEIN Tax Certification Letter

****Beneficial Ownership** 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 copy of Driver's License for the following individuals:

- a) 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
- b) 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).

Owners:

1. Name: _____
Address: _____

Social Security #: _____
Date of Birth: _____
Percent Owned: _____
2. Name: _____
Address: _____

Social Security #: _____
Date of Birth: _____
Percent Owned: _____
3. Name: _____
Address: _____

Social Security #: _____
Date of Birth: _____
Percent Owned: _____
4. Name: _____
Address: _____

Social Security #: _____
Date of Birth: _____
Percent Owned: _____

Control Person:

- Name: _____
Address: _____

Social Security #: _____
Date of Birth: _____