

APPENDIX J to §1010.230 – 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 certain financial institutions 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 with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

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) 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)).

The financial institution may also ask to see a driver's license or other identifying document for each beneficial owner listed on this form.

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.

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.

BENEFICIAL OWNER IDENTITY VERIFICATION:

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

“I” and “My” mean each and every person who signs below. “You”, “Your”, “We” and “RTN” mean RTN Federal Credit Union.

Customer Identification Requirements Pursuant to federal law, we must obtain, verify, and record information that identifies each person who opens or is added to, any account or product. Each person signing this application must provide his/her name, address, date of birth, and other identifying information. We can ask to see your driver’s license or other identifying documents and documents confirming your business’s existence and authority. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you give us.

BUSINESS ACCOUNT APPLICATION

Part 1. General Information
Legal Business Name
DBA (Doing business as)
Business Street Address
City, State, ZIP
Mailing Address <i>(if different from street address)</i>
Business Purpose
Telephone
Fax
E-mail

Part 4. Agreement

By signing below, I/we certify that all sole proprietors, partners in the partnership, members of the limited liability company, or stockholders of the corporation, as applicable, are also within or have requested inclusion in RTN Federal Credit Union's field of membership and are therefore eligible to open this business account.

By completing this application, I am requesting that you open this account as indicated. I authorize you to verify the information on this application with third parties such as credit agencies. I authorize you to open new accounts with the same ownership and signature authorization upon deposit of funds by any authorized signer. I agree that you may rely on the signature authority indicated on this application until notified otherwise in writing. All accounts opened will be subject to Massachusetts and federal law and RTN's bylaws, policies and rules. By signing this application, I acknowledge receipt of and agree to the terms, conditions, rates and charges established by you for the type of account being opened, as stated in RTN's Deposit Account Agreement, Fee Schedule, Electronic Banking Disclosure and Funds Availability Disclosure as amended from time to time. I certify that the accounts opened will not be used for personal, family or household purposes. I authorize you to verify the information provided by me through CheckSystems, Inc., and understand that the opening of this account is provisional, subject to a satisfactory report from Chex Systems. I/We also understand the use of any business account to initiate or receive payments for unlawful internet gambling is strictly prohibited.

_____	_____	_____
Print Name	Title	Authorized Signature
_____	_____	_____
Print Name	Title	Authorized Signature
_____	_____	_____
Print Name	Title	Authorized Signature
_____	_____	_____
Print Name	Title	Authorized Signature

Part 5. Taxpayer ID Number (TIN) Certification and Backup Withholding

Completion of this section is mandatory for all accounts.

TAX CERTIFICATION: By signing below, I certify that the taxpayer ID number provided for this account is correct for the business entity requesting an account. The business entity is a U.S. person (including resident alien) and either (a) is exempt from backup withholding, or (b) has never been notified by the IRS that it is subject to backup withholding due to underreporting of dividends or interest, or (c) has been notified by the IRS that it is no longer subject to backup withholding. I understand that the IRS does not require consent to any term of this agreement except certifications required to avoid backup withholding.

Business Taxpayer ID (TIN)

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If this business is subject to backup withholding, check here:

_____	_____	_____
Print Name	Title	Authorized Signature

PLEASE COMPLETE EITHER PART 6 OR PART 7

PART 6. SOLE PROPRIETOR/GENERAL PARTNERSHIP/LIMITED PARTNERSHIP/LLC/LLP/TRUST CERTIFICATION

By signing below, I/we certify (check one)

- I am the sole owner of the Sole Proprietorship requesting and depositing funds to this/these account(s).
- I am the general partner of the Limited Partnership requesting and depositing funds to this/these account(s).
- We are all partners of the General Partnership (or joint venture) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.
- I/we am/are all of the managers/officers of the Limited Liability Company (LLC) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked.
- I/we am/are all of the partners of the Limited Liability Partnership (LLP) requesting and depositing funds to this/these account(s), or the statement below the signature lines is checked. This is not a fiduciary account (such as an attorney-client trust account).

I/we certify under penalty of perjury that I/we have the authority to bind this business entity to contractual obligations, including opening, closing, granting signature authority for, and depositing funds to and withdrawing funds from financial institution accounts. I/we agree on behalf of the named business entity to all terms stated on this application and separate account agreements provided to me/us.

Signature	Signature
Signature	Signature

PART 7. CORPORATION / UNINCORPORATED ASSOCIATION RESOLUTION

Resolved that, the _____ (title(s) of this entity) is/are authorized to open and maintain accounts with RTN Federal Credit Union as indicated on this application, a copy of which has been presented to the meeting of the directors/officers of _____ (name of entity).

Further resolved, that the persons identified as authorized signers on this application are authorized to conduct all business on financial institution accounts for this entity, including but not limited to opening accounts, closing accounts, depositing and withdrawing funds consistent with indicated signature authorizations.

Certification: I certify that I am the Secretary of this corporation or unincorporated association, that the above is a true and correct copy of the resolution adopted by the Directors of the corporation or officers of the unincorporated association at a meeting held on _____, 20____, and that these resolutions remain in effect and have not been modified.

Executed on _____, 20____ at _____, _____.

Date City State

Secretary's Signature	Print Name
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For Credit Union Use Only

RTN employee receiving application	Date application received	Government Issued ID: _____	ChexSystems Approval Number _____
Membership Officer approving application	Application received <input type="checkbox"/> in person <input type="checkbox"/> by mail	<input type="checkbox"/> State license: _____ <input type="checkbox"/> Military ID <input type="checkbox"/> Other: _____	Initial Disclosures provided: <input type="checkbox"/> Yes <input type="checkbox"/> No