

Purpose of this Certification of Ownership and Control

To provide your business and you with excellent service, assist the business with products and services, and fulfill our due diligence responsibilities under the law, we need to obtain information about the person or people who have at least a 25% ownership interest in the business (the beneficial owner(s)), and about the person who has significant management responsibility (control) over the business (the control person). The businesses we need this certification for include corporations, partnerships, limited liability companies or similar for-profit legal entities: we *do not* need it for sole proprietorships/DBAs or unincorporated associations. This important information assists us in managing the products and services for the business, and provides us with the key individuals in the event we need to contact one or more of them about any matter pertaining to the products and services the business has with us. Thank you again for being a member of our credit union. We look forward to serving you!

Instructions to Complete this Certification

Step 1: In **SECTION 1** please provide the name of the business and check the appropriate box that applies to the action you are taking on behalf of the business (i.e., to **a.** join our credit union and start products and services, **b.** make a change to a product or service, **c.** add a new product or service, or **d.** notify us of changes to the beneficial owner(s) or control person). **Step 2:** In **SECTION 2** please identify the number of people who own (or a trust that owns) 25% or more of the business (i.e., the number of “beneficial owners”). Though rare, please be aware that a person may indirectly own 25% or more of the business through ownership of another organization: please contact us for assistance with a beneficial owner’s indirect ownership of the business. If no person owns 25% or more of the business, please check the box “No (0) Beneficial Owner” and go to Step 4. **Step 3:** In **SECTION 3** please identify and complete the requested information about each beneficial owner of the business in the applicable fields below. If a trust is a beneficial owner, please identify and complete the information about the trustee in the fields. **Step 4:** In **SECTION 4** please identify and complete the requested information about the person who has significant management responsibility (control) over the business, who we refer to as the, “control person.” If the control person is already identified as a beneficial owner in **SECTION 3**, just include his or her name and title in **SECTION 4**. **Step 5:** In **SECTION 5** please read the short certification language, print your name and title, and sign your name and date on the line below (and though this certification may address several people, we only need one person’s name, title and signature below). We thank you for your help in providing this important information!

SECTION 1 NAME & ACTION YOU ARE TAKING ON BEHALF OF THE BUSINESS 1

Name of the Business _____

a. Joining the credit union and starting products and services

b. Changing a product or service **c.** Adding a new product or service **d.** Notifying us of changes to the beneficial owner(s) or control person

SECTION 2 THE NUMBER OF BENEFICIAL OWNER(S) 2

No (0) Beneficial Owner One (1) Beneficial Owner Two (2) Beneficial Owners Three (3) Beneficial Owners Four (4) Beneficial Owners

SECTION 3 INFORMATION ABOUT THE BENEFICIAL OWNER(S) 3

Beneficial Owner 1 Name	% of Ownership	Date of Birth	Social Security Number	Mobile/Home Phone
Address	ID Type and State	ID Number	Issue Date	Exp. Date
Beneficial Owner 2 Name	% of Ownership	Date of Birth	Social Security Number	Mobile/Home Phone
Address	ID Type and State	ID Number	Issue Date	Exp. Date
Beneficial Owner 3 Name	% of Ownership	Date of Birth	Social Security Number	Mobile/Home Phone
Address	ID Type and State	ID Number	Issue Date	Exp. Date
Beneficial Owner 4 Name	% of Ownership	Date of Birth	Social Security Number	Mobile/Home Phone
Address	ID Type and State	ID Number	Issue Date	Exp. Date

SECTION 4 INFORMATION ABOUT THE CONTROL PERSON 4

Control Person Name	Title/Position	Date of Birth	Social Security Number	Mobile/Home Phone
Address	ID Type and State	ID Number	Issue Date	Exp. Date

SECTION 5 CERTIFICATION OF THE BENEFICIAL OWNER(S) & CONTROL PERSON INFORMATION 5

I certify that all information about the business, the beneficial owner(s) and the control person provided above is true, complete and accurate as of the date of my signature below. I agree to notify the Credit Union immediately of any change to this information about the business, the beneficial owner(s) or the control person.

Please Print Your Name _____ Please Print Your Title/Position _____ Your Signature _____ Today's Date _____

Questions? Please contact us anytime we're open for business!

OFFICE USE ONLY	CU Employee Name	ID Number	Name of the Business	Member/Acct. Number	Date Certification Reviewed
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