



Commercial Loan Application

Corporate Offices

**64 Old Highway 22
Clinton, NJ 08809**

**800.618.2265
unitybank.com**

COMMERCIAL LOAN APPLICATION

Applicant/ Business Name:				Full Address:			
Principal/Guarantor:						Tax I.D. Number	
Applicant Date:	Amount Requested:	Terms:	Business Fiscal Year End Date:	Primary Phone Number:	Secondary Phone Number:		
Income Tax Filed Through Date:			Legal Status: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>				
Income Tax Filed Through Date:	Name of Accountant:		Accountant Phone:	Name of Attorney:		Attorney Phone:	
Bank References:							
Bank Name:		Bank Address:		Bank Contact:		Bank Phone Number:	
Bank Name:		Bank Address:		Bank Contact:		Bank Phone Number:	
Bank Name:		Bank Address:		Bank Contact:		Bank Phone Number:	
The supporting documents checked below must be submitted by the applicant in order to properly evaluate the credit request.							
<input type="checkbox"/>	For loans over \$500,000: Previous three (3) years financial statements consisting of Balance Sheet and Income Statement, and previous three years personal tax returns on all principal(s)/guarantor(s), prepared by an independent accountant						
<input type="checkbox"/>	For loans under \$500,000: Previous two (2) years financial statements consisting of Balance Sheet and Income Statement, and previous two years personal tax returns on all principal(s)/guarantor(s), prepared by an independent accountant						
<input type="checkbox"/>	Interim Business Financial Statement less than 90 days old for operating company, if applicable.						
<input type="checkbox"/>	Financial statement of principal(s)/guarantor(s)						
<input type="checkbox"/>	Provide a Debt Schedule for all commercial loan debt held by Borrower and related entities detailing amount outstanding, monthly payment amount, interest rate, debtor/due to whom and maturity date.						
<input type="checkbox"/>	For equipment acquisition/ copy of purchase contract						
<input type="checkbox"/>	Aging of Accounts Receivable						
<input type="checkbox"/>	Aging of Accounts Payable						

We warrant that no transaction or proceeds from this application is in violation of the US Department of Treasury's Office of Foreign Assets Contract (OFAC) regulations and/or sanctions regarding certain countries or individuals and entities on the OFAC Specially Designated Nationals and Blocked Persons List.

PATRIOT ACT NOTICE

As of October 1, 2003, Section 326 of the US Patriot Act requires financial institutions to verify the true identity of customers. Prior to closing a loan, Unity Bank will require a primary form of identification for all authorized signers. "Primary Identification" can be a copy of a valid and unexpired driver's license, US or foreign passport, or federal, state, or local government issued identification card.

In addition to the above identification, if borrower will be a business entity, the following documentation must be provided to the bank:

You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit worthiness of the Undersigned. The Undersigned authorizes and personal or consumer reporting agency to give you any information it may have on the Undersigned.

Applicant

Signature

Title

Date

Signature

Title

Date

Personal Financial Statement

As of Date _____

Personal Information					
Individual/Guarantor			Co-Applicant Name		
Home Address			Home Address		
Home Phone No	Cell Phone No.	Social Security Number	Home Phone No	Cell Phone No.	Social Security Number
Date of Birth		Email Address	Date of Birth		Email Address
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.			Business Phone No.		
Name/Position of Previous Employer (If with current employer less than 3 years)			Name/Position of Previous Employer (If with current employer less than 3 years)		
Name of Accountant		Phone No. of Accountant	Name of Accountant		Phone No. of Accountant
Name of Attorney		Phone No. of Attorney	Name of Attorney		Phone No. of Attorney
Name of Investment Advisor/Broker		Phone No. of Investment Advisor/Broker	Name of Investment Advisor/Broker		Phone No. of Investment Advisor/Broker
Name of Insurance Advisor		Phone No. of Insurance Advisor	Name of Insurance Advisor		Phone No. of Insurance Advisor

Cash Income & Expenditures Statement for Year Ended _____ (Omit Cents)

Annual Income	Amount(s)
Salary (Applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	\$

Annual Expenditures	Amount(s)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments Residential	
Mortgage Payments Investment	
Property Taxes Residential	
Property Taxes Investment	
Interest & Principal Payments on Loan	
Insurance	
Investments (Including Tax Shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses (list)	
TOTAL EXPENDITURES	\$

Any significant changes expected in the next 12 months? Yes ☐ No ☐

** Income from alimony, child support, or separate maintenance income needs not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Personal Financial Statement

Assets	Amount(s)	Liabilities	Amount(s)
Cash In Unity Bank (Checking, Savings, CDs)	\$	Notes Payable to this Bank	\$
Cash in Other Financial Institutions (List) (Including Savings, Checking, CDs)		Secured	
		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
		Accounts Payable (Including Credit Cards)	
Readily Marketable Securities (Schedule A)		Margin Accounts	
Non-Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Accounts and Notes Receivable		Taxes Payable	
Net Cash Surrender Value of Life Insurance (Schedule B)		Mortgage Debt (Schedule C)	
Residential Real Estate (Schedule C)		Life Insurance Loans (Schedule B)	
Real Estate Investments (Schedule C)		Other Liabilities (List):	
Partnerships/PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirements Accts.			
Deferred Income (Number of years deferred _____)			
Personal Property			
Other Assets (List):			
		Total Liabilities (B)	\$
		Net Worth (A-B)	\$
Total Assets	\$	Total Liabilities + Net Worth	\$

Contingent Liabilities	Amount
Are you a guarantor, or co-maker, or endorser for any debt of an individual, corporation, or partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Do you have any outstanding letters of credit or surety bonds? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any suits or legal actions pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you contingently liable on any lease or contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are any of your tax obligations past due? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What would your total estimated tax liability if you were to sell your major assets?	
If yes for any of the above, give details below:	

Schedule A – All Securities (including non-money market mutual funds)							
No. of Shares (stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged	
						Yes	No
Readily Marketable Securities (including U.S. Governments and Municipals)*							
Non-Readily Marketable Securities (closely held, thinly traded or restricted stock)							

If not enough space, please attach schedule or brokerage statement and enter totals only.

Personal Financial Statement

Schedule B – Insurance Life Insurance						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
Personal Residence Address	Legal Owner	Purchase Price	Purchase Year	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Investment Residence Address	Legal Owner	Purchase Price	Purchase Year	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender

Schedule D – Partnerships (less than majority ownership for real estate partnerships)*							
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date	
Business/Professional (name)							
Investments (Including tax shelters)							

***Note:** For investments which represent a materials portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E – Notes Payable								
Due To	Type of Facility	Loan/ Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				

Please answer the following questions:

1. Income tax returns are filed through (date):_____. Are there any returns being audited or contested? Yes ☐ No ☐
If yes, what year(s)? _____

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes ☐ No ☐
If so, please provide details: _____

3. Have you drawn a will? Yes ☐ No ☐
If so, please furnish the name of the executor(s) and the year the will was drawn: _____

4. Number of dependents (excluding self) and the relationship to applicant: _____

5. Have you ever had a financial plan prepared for you? Yes ☐ No ☐

6. Did you include two years federal and state tax returns? Yes ☐ No ☐

7. Do (either of) you have a line of credit or unused credit facility at any other institutions(s)? Yes ☐ No ☐
If so, please indicate where, how much and name of banker: _____

8. Do you anticipate any substantial inheritances? Yes ☐ No ☐
If yes, please explain: _____

9. Are you a U.S. Citizen Yes ☐ No ☐
If "No," are you a Lawful Permanent Resident Alien? Yes ☐ No ☐
Alien Registration Number _____

Representations and Warranties

The information contained in this statement is provided to induce Unity Bank to extend or continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that Unity Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify Unity Bank immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement, or (2) in the financial condition of any of the undersigned, or (3) in the ability of any of the undersigned to perform its (or their) obligations to Unity Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify Unity Bank as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as case may be, immediately due and payable. Unity Bank is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Unity Bank information it may have on the undersigned. Each of the undersigned authorizes Unity Bank to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Unity Bank is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned has provided Unity Bank shall be the property of Unity Bank.

Your Signature

Date

Co-Applicant's Signature (If you are requesting the financial accommodation jointly)

Date

Spouse's Signature (Required for SBA Loan)

Date

BUSINESS DEBT SCHEDULE

Furnish the following information on all installments debts, contracts, notes, and mortgages payable. Indicate by asterisk(*) items to be paid by loan proceeds and reason for paying same. Present balances should agree with latest balance sheet submitted. Do not include accounts payable or accrued liabilities.

Business Name _____ Date _____ Signature _____ Date _____

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name		Creditor Address			Collateral/Security		
Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	SBA LOAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Present Balance		\$				
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AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Unity Bank of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize Unity Bank to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Unity Bank.

Name:	D.O.B. _/_/___	Home Address
Social Security Number ____ - ____ - _____	Date _/_/___	Signature X _____
Name:	D.O.B. _/_/___	Home Address
Social Security Number ____ - ____ - _____	Date _/_/___	Signature X _____
Name:	D.O.B. _/_/___	Home Address
Social Security Number ____ - ____ - _____	Date _/_/___	Signature X _____

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.



**IF LOAN APPLICATION IS APPROVED,
THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED AS APPLICABLE**

- ☐ 1. Life insurance on the principles for the amount of the loan with collateral assignment to Unity Bank
- ☐ 2. Hazard Insurance on all collateral securing loan naming Unity Bank as loss payee
- ☐ 3. Flood insurance (if property is located in a flood zone)
- ☐ 4. Copy of Business License
- ☐ 5. If borrower is a corporation please provide:
 - Certificate of Incorporation
 - Articles of Incorporation
 - Bylaws
- ☐ 6. If Borrower is a Partnership please provide:
 - Partnership Agreement
- ☐ 7. If borrower is an LLC, please provide:
 - Operating Agreement
 - Certificate of Formation
- ☐ 8. Alternate Name Registration
- ☐ 9. If loan is for Construction, please provide:
 - Construction Contract
 - Plans and Specifications
- ☐ 10. Leases or subleases on premises
- ☐ 11. Copies of prior mortgages on any real estate collateral
- ☐ 12. Other information as required Unity Bank, Not limited to document verification request supplement US Department of Justice Form G-845

NOTICE TO BORROWERS

If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write us at the following mailing address: Unity Bank, 64 Old Highway 22, Clinton, New Jersey 08809 ATTN: Loan Servicing Department. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address, Branch Name/Loan Officer's name who serviced you, Application date, and mailing instructions for the copy.

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation, Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64101.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Loan Servicing area of Unity Bank at 1-800-618-2265 or send your request in writing to Unity Bank, 64 Old Highway 22, Clinton, NJ 08809, ATTN: Loan Servicing. This request must be received within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

DO NOT COMPLETE THIS SECTION UNLESS THE LOAN IS TO BE USED TO PURCHASE, IMPROVE OR REFINANCE RESIDENTIAL PROPERTY OR TO REFINANCE A MANUFACTURED OR MOBILE HOME. DO NOT COMPLETE FOR CREDIT LINES.

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with Equal Credit Opportunity, Fair Housing and Home Mortgage Disclosure laws. You are not required to furnish this information, but are encouraged to do so. **You may select one or more designation for "Race."** The law provides that a Lender may not discriminate on the basis of the information, or on whether you choose to furnish it. **However, if you choose not to furnish the information and you have made this application in person, under federal regulations, the Lender is required to note ethnicity, race and sex on the basis of visual observation or surname.** If you do not wish to furnish the information, please check below.

Applicant:

☐ I do not wish to furnish this information

☐ Mail/Phone/Fax Application

Applicant Ethnicity (Check One)

- ☐ Hispanic or Latino
☐ Non Hispanic or Latino

Applicant Race (Check Box(es))

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White

Sex:

- ☐ Male
☐ Female

Co-Applicant:

☐ I do not wish to furnish this information

☐ Mail/Phone/Fax Application

Applicant Ethnicity (Check One)

- ☐ Hispanic or Latino
☐ Non Hispanic or Latino

Co-Applicant Race (Check Box(es))

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White

Sex:

- ☐ Male
☐ Female



UNITY BANK
growing with you!

Corporate Headquarters | 64 Old Highway 22 Clinton, NJ 08809 | 800.618.2265

MEMBER FDIC | EQUAL HOUSING LENDER

Source: NoticeToBorrowers0914

CommercialLoanApplication0221

Certification of Beneficial Owners of Legal Entities

Financial Institution Name:		Financial Institution Location:	
Financial Institution Contact Person:	Contact Phone Number:	Customer Portfolio/Identifier:	

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 copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Certification of Beneficial Owners of Legal Entities

Financial Institution Name:		Financial Institution Location:	
Financial Institution Contact Person:	Contact Phone Number:	Customer Portfolio/Identifier:	

I. GENERAL INSTRUCTIONS

What is this form?

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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 copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

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:
Type of Legal Entity for Which the Account is Being Opened:	Legal Entity Identifier (Optional):
Name of Legal Entity for Which the Account is Being Opened:	
Physical Address of Legal Entity for Which the Account is Being Opened:	

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name (Beneficial Owner)	Date of Birth Percent of Ownership (Optional)	Address (Residential or Business Street Address)	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and country of issuance, or other similar identification number ¹
First Last	DOB: %	Street City, State & Zip		Number Country of Issuance
First Last	DOB: %	Street City, State & Zip		Number Country of Issuance
First Last	DOB: %	Street City, State & Zip		Number Country of Issuance
First Last	DOB: %	Street City, State & Zip		Number Country of Issuance

☐ If checked, Beneficial Owner listing requirement is Not Applicable

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ◆ 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 the ownership section above may also be listed in the section below).

Name/Title (of Person with Control)	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
First		Street		Number
Last		City, State & Zip		Country of Issuance
Title				

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.

I, *(name of natural person opening account)*
hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also,
the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership
information on this Certification.

Signature: _____ Date: _____

For Institution Use Only:

Name of Beneficial Owner	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date

Additional Information: