

CERTIFICATION of BENEFICIAL OWNER(S) and CONTROLLING PERSON of LEGAL ENTITIES with DCU MEMBERSHIPS

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 entities maintaining accounts. 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-US persons), as well as a copy of a photo ID for the following individuals:

PART B: Beneficial Owners: Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
Up to four individuals

PART C: Controlling Person: An individual with significant responsibility for managing the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Please note that the individuals identified on the attached form will not have access to the DCU Membership unless they have been specifically added as account owners or authorized signatories.

Important: If another legal entity owns 25% or more of the legal entity for whom this DCU Membership is open, please complete the **Beneficial Owner(s) and Controlling Person of a Legal Entity form** (attached) and the **Beneficial Owner(s) and Controlling Person of a Legal Entity – Addendum** (Please see a DCU Representative for the addendum).

**THE INDIVIDUAL COMPLETING THIS APPLICATION AGREES TO NOTIFY DCU IMMEDIATELY
IF THERE IS A CHANGE IN THE BENEFICIAL OWNER(S) OR CONTROLLING PERSON
IDENTIFIED BELOW.**



Certification of Beneficial Owner(s) and Controlling Person of Legal Entity (Business)

DCU Member # _____

Legal Entity (Business) Name _____

Check the box below to identify the type of **legal entity**:

- Sole Proprietorship (DO NOT COMPLETE THIS CERTIFICATION: A sole proprietorship has no separate existence from its owner and is not considered a **legal entity** for these purposes).
- Sole Member LLC
- LLP/LLC
- Partnership
- Corporation

Instructions:

1. Always complete Parts A, C and D of this form
2. Complete Part B identifying any owner of 25% OR MORE of the legal entity*
3. The same person may be listed in each Part of this form
4. All fields must be **fully** completed, even if the information was previously provided elsewhere on this Application

*If the legal entity is a **Non-Profit Company**, check this box (Part B is therefore not applicable)

Part A: Business Account Member

Legal Name of Business Entity

Business' Physical Street Address, City, State, Zip Code

Name of the Natural Person Completing this Form

Title of the Natural Person who is completing this form

Part B: Beneficial Owners

Complete 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 in Part A.

Note: If no individual or legal entity meets this definition of beneficial owner, check this box to specify "Not Applicable" and skip to Part C.

Does a separate legal entity own 25% or more of the legal entity listed in Part A? _____

If **YES**, a **Beneficial Owner(s) and Controlling Person of a Legal Entity – Addendum** must be completed. See a DCU Representative for the addendum. The membership will not be opened until this addendum is completed.

Individual Beneficial Owner #1:

Full Name

Physical Street Address, City, State, Zip Code

____/____/____
Date of Birth

SSN

ID Type

ID Number

____/____/____
ID Date of Issuance

____/____/____
ID Expiration Date

ID State (or Country) of Issuance

Percent of Ownership

Individual Beneficial Owner #2:

Full Name	_____	Physical Street Address, City, State, Zip Code	_____
Date of Birth	____/____/____ SSN _____	ID Type	ID Number _____
ID Date of Issuance	____/____/____ ID Expiration Date _____	ID State (or Country) of Issuance	Percent of Ownership _____

Individual Beneficial Owner #3:

Full Name	_____	Physical Street Address, City, State, Zip Code	_____
Date of Birth	____/____/____ SSN _____	ID Type	ID Number _____
ID Date of Issuance	____/____/____ ID Expiration Date _____	ID State (or Country) of Issuance	Percent of Ownership _____

Individual Beneficial Owner #4:

Full Name	_____	Physical Street Address, City, State, Zip Code	_____
Date of Birth	____/____/____ SSN _____	ID Type	ID Number _____
ID Date of Issuance	____/____/____ ID Expiration Date _____	ID State (or Country) of Issuance	Percent of Ownership _____

Part C: Controlling Person

Complete the following information for **one** individual with significant responsibility for managing the above listed business, i.e., Executive officer (CEO, CFO and COO), senior manager, director, controller or any other individual who regularly performs similar functions. **If applicable, an individual listed above as a Beneficial Owner may also be listed in this section.**

Full Name	_____	Physical Street Address, City, State, Zip Code	_____
Date of Birth	____/____/____ SSN _____	ID Type	ID Number _____
ID Date of Issuance	____/____/____ ID Expiration Date _____	ID State (or Country) of Issuance	_____

Part D: Certification

I, _____ (name of the natural person completing this form), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature _____ Date _____

<p align="center">Internal Use Only – COMPLETE ALL FIELDS</p> <p>Rec'd ____/____/____ Proc By # _____ Reviewed* By # _____ *means this individual attest to the following:</p> <ul style="list-style-type: none">• Certification of Beneficial Owner(s) and Controlling Person of Legal Entity Member has been reviewed.• All appropriate Relationship fields in XP have been completed for each Beneficial Owner(s) and Controlling Person.• Any Beneficial Owner or Controlling Person not already a DCU member has been entered in XP as an "Individual". <p>If Additional Documentation was required to complete the verification of any individual, enter the <u>details</u> below as to what <u>specific</u> documentation was obtained and for whom: _____</p>
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