

This kit is designed to help you with your commercial loan request. It contains an application, a personal financial statement, a disclosure form and a checklist of the additional items that would be helpful to us when considering your request. We realize this is a lot of information and would be happy to speak with you about what items are most important to help expedite the process for you.

We offer several different standard loan products and may even custom tailor something to best meet your specific needs.

Typical loans include:

• Lines of Credit - Support inventory, receivables, seasonal fluctuations or general business needs

• **Equipment Financing** - Purchase new equipment, tools, vehicles, office equipment, fixed assets.

- Time Loans
- Term Loans
- Acquisition Financing
- Commercial Real Estate Loans
- Construction Loans

Our goal is to listen to your ideas and help you realize them while providing superior service as a fully committed, strong, stable community banking partner.

We are here to help - let's meet to discuss your needs and help determine what product may best suit those needs. Please reach out to one of us today (see contact info on right) by phone, email or visit, we want to help you!



Mark Grenier

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BankGloucester.com | 978-283-8200

160 Main Street Gloucester 15 Martin Street Essex 143 High Street Ipswich





Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



COMMERCIAL LOAN APPLICATION

LOAN REQUEST: AMOUNT: \$						
LOAN PURPOSE:						
LOAN TYPE: (check one)						
COMMERCIAL REAL ESTATE	NSTRUCTION	EQUIPM	IENT	WORKING CAP	ITAL	□ LINE OF CREDIT
OTHER - DESCRIBE:						
COLLATERAL:						
REPAYMENT TERMS:						
APPLICANT INFORMATION: NAIC	S CODE:		_			
BORROWER NAME:						
BORROWER EMAIL:						
MAILING ADDRESS:						
BUSINESS TELEPHONE #:						
BUSINESS ADDRESS:						
TYPE OF BUSINESS:						
TAX I.D. #:						
□ CORPORATION □ PARTNERSHIP □ PRINCIPAL ONE:	SOLE-PROPRI	ETORSHIP I	LIMI	TED LIABILITY CC	OMPAN	Y ⊔REALTY TRUST
NAME:			TITL	E:		OWNERSHIP %
SOC. SEC. #://	_ DOB	_//	C	ELL TEL. #: ()	
EMAIL:						
HOME ADDRESS:						
NAME/ADDRESS NEAREST RELATIVE: _						
(DIFFERENT ADDRESS)						
WORK EXPERIENCE:						YRS
OTHER BUSINESS INTERESTS:						
PRINCIPAL TWO:						
NAME:			TITL	E:		OWNERSHIP %
SOC. SEC. #://	_ DOB	_//	C	ELL TEL. #: ()	
EMAIL:						
HOME ADDRESS:						
NAME/ADDRESS NEAREST RELATIVE: _						
(DIFFERENT ADDRESS)						
WORK EXPERIENCE:						YRS.
OTHER BUSINESS INTERESTS:						

PRINCIPAL THREE:

NAME:	TITLE:OWNERSHIP %
SOC. SEC. #:/ DOB/	_/ CELL TEL. #: ()
EMAIL:	
HOME ADDRESS:	
NAME/ADDRESS NEAREST RELATIVE:	
(DIFFERENT ADDRESS)	
WORK EXPERIENCE:	
OTHER BUSINESS INTERESTS:	
BORROWING HISTORY:	
Creditor Name/Address:	
High Credit: \$ Repayment Terms:	
Creditor Name/Address:	
High Credit: \$ Repayment Terms:	
Creditor Name/Address:	
High Credit: \$ Repayment Terms:	Balance: 5
LOAN COLLATERAL INFORMATION:	
ALL BUSINESS ASSETS: (Attach separate listing & value of as	sets)
EQUIPMENT/VEHICLES: TYPE:	□ NEW □ USED
YEAR: MAKE:	MODEL:
SERIAL #:	
CURRENT OWNER:	
(Attach Purchase Order or Bill of Sale)	
COMMERCIAL REAL ESTATE:	
PROPERTY TYPE:	
□ RETAIL □ OFFICE □ INDUSTRIAL □ APARTMEN	
CURRENT OWNER:	
PROPERTY DESCRIPTION:	
PROPERTY ADDRESS:	
NEW OWNER:	
PROPERTY HISTORY:	
HISTORICAL USES OF PROPERTY:	
UNDERGROUND STORAGE TANKS (UST'S) (Gasoline, Oil, &	& Other Storage Tanks)
UNDERGROUND STORAGE TANKS (UST'S) ON SITE:	
If yes, explain:	
ANY FORMER UNDERGROUND STORAGE TANKS REMOV	
If yes, explain:	
Removal supervised by:	
PROPERTY ENVIRONMENTAL ASSESSMENT: YES	
If yes, when:	
PROPERTY ENVIRONMENTAL CONTAMINATION:	
If yes, describe:	
· · ·	

SIGNATURES:

The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the Lender on behalf of the undersigned. It is understood Lender will rely on the information provided in making a credit decision. The under- signed warrants and represents that the information herein submitted is true and correct in all respects and Lender may consider this representation continuing until written notice to the contrary is received by the Lender from the undersigned. The Lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the undersigned's credit standing, or the credit standing of any general partner or LLC member/manager. The Lender is hereby authorized to answer any questions from third parties concerning the undersigned's experience with the Lender.

NAME OF APPLICANT:

BY:	BY:
ITS:	ITS:
DATE://	DATE:/

To be Completed if filing for Joint Credit:

EQUAL CREDIT OPPORTUNITY ACT (APPENDIX B OF REG B 202.9)

ADDENDUM TO APPLICATION FOR CREDIT (EFFECTIVE 04/15/04)

Reg B 202.9 requires banks to ensure that the credit is being applied for either Individual or Joint. If the credit being applied for is Joint please initial below.

We intend to apply for joint credit _

Applicant Co-Applicant

____(Initials)



DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS

Loan Number:	Date:	
Lender: BankGloucester		
Borrower(s):		
Property Address:		
We may order an appraisal to determine the p copy of any appraisal, even if your loan does		appraisal. We will promptly give you a
You can pay for an additional appraisal for yo	our own use at your own cost.	
By signing below, I/we have read and receive	ed a copy of this document.	
Borrower		Date
Borrower		Date
Borrower		Date

COMMERCIAL R.E. LOAN - RENTAL OR INVESTMENT PROPERTY

~ PRELIMINARY DOCUMENTS NEEDED ~

		RECEIVED
1.	APPLICATION – signed and dated	
2.	PERSONAL FINANCIAL STATEMENT signed & dated For each principal.	
3.	PERSONAL FEDERAL TAX RETURNS two to three years for each principal.	
4.	CORPORATE, TRUST, PARTNERSHIP OR LLC FEDERAL TAX RETURNS two to three years.	
5.	COPY OF DECLARATION OF TRUST, OR ARTICLES OF INCORPORATION	
6.	CURRENT RENT ROLL OF TENANTS	
7.	PROJECTED PROPERTY OPERATING STATEMENT	
8.	ACTUAL PROPERTY OPERATING STATEMENT FOR PAST	YEAR
9.	COPY OF ALL CURRENT LEASES AND LEASE AMENDMEN	ITS
10.	COPY OF LEASE FROM TRUST OR REALTY CORP. TO THE LANDLORD TO THE BUSINESS (THE TENANT) (ie: SS Realty Trust (landlord) to Sally's Yarn shop (tenant)	
11.	COPY OF BORROWER'S 21 E ENVIRONMENTAL ASSESSMI IF AVAILABLE. (new one may be necessary)	ENT

COMMERCIAL LINE OF CREDIT. LOAN

~ PRELIMINARY DOCUMENTS NEEDED ~

RECEIVED

1.	APPLICATION – signed and dated	
2.	PERSONAL FINANCIAL STATEMENT signed & dated For each principal.	
3.	PERSONAL FEDERAL TAX RETURNS two to three years for each principal.	
4.	CORPORATE, TRUST, PARTNERSHIP OR LLC FEDERAL TAX RETURNS two to three years.	
5.	COPY OF DECLARATION OF TRUST, OR ARTICLES OF INCORPORATION	
6.	CURRENT COPY OF BUSINESSES ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE & AGING REPORTS.	
7.	LIST OF ALL ASSESTS OWNED BY BUSINESS (listed by year, make, model, serial # and value)	

MSW/CKLIST loc

COMMERCIAL CONSTRUCTION. LOAN

~ PRELIMINARY DOCUMENTS NEEDED ~

RECEIVED

1.	APPLICATION – signed and dated	
2.	PERSONAL FINANCIAL STATEMENT signed & dated For each principal.	
3.	PERSONAL FEDERAL TAX RETURNS two to three years for each principal.	
4.	CORPORATE, TRUST, PARTNERSHIP OR LLC FEDERAL TAX RETURNS two to three years.	
5.	COPY OF DECLARATION OF TRUST, OR ARTICLES OF INCORPORATION	
6.	COMPLETE SET OF BUILDING PLANS	
7.	CONSTRUCTION LOAN DISBURSEMENT PLAN	
8.	IF PROJECT NOT ON CITY SEWER – A TITLE V APPROVAL	

MSW/CKLCONST.

COMMERCIAL VEHICLE/EQUIPMENT. LOAN

~ PRELIMINARY DOCUMENTS NEEDED ~

RECEIVED

1.	APPLICATION – signed and dated	
2.	PERSONAL FINANCIAL STATEMENT signed & dated For each principal.	
3.	PERSONAL FEDERAL TAX RETURNS two to three years for each principal.	
4.	CORPORATE, TRUST, PARTNERSHIP OR LLC FEDERAL TAX RETURNS two to three years.	
5.	COPY OF DECLARATION OF TRUST, OR ARTICLES OF INCORPORATION	
6.	CURRENT COPY OF BUSINESSES ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE AGING REPORTS.	
7.	LIST OF ALL ASSESTS OWNED BY BUSINESS (listed by year, make, model, serial # and value)	
8.	COPY OF THE PURCHASE ORDER	
9	INSURANCE BINDER	

MSW/CKLvehicle

BANKGLOUCESTER INCOME AND EXPENSES

BORROWER:		DATE PREPARED:		
		PREPARED BY:		
PROPERTY ADDRESS:				
INCOME:				
Monthly Rent Roll:	Lease Expiration / TAW:			
Unit 1:				
Unit 2:				
Unit 3:				
Unit 5:				
Unit 6:				
TOTAL MONTHLY RENT:	TOTAL YEARLY INCOME :	\$		
EXPENSES (YEARLY): (Please include any te				
Real Estate Taxes Insurance	\$			
Heat (incl. Fuel)				
Electricity				
Gas				
Water and Sewer				
Repairs/Maintenance				
Cleaning				
Trash Removal				
Administration				
Legal				
Management				
Rental Commission/Other Mktg.				
Other (please specify)				
Misc.				
	EST. TOTAL EXPENSES	\$()		
EST. NET OPERATING INCOME:		2		
L51. NET OPERATING INCOME:		\$		
ASSUMPTIONS/GENERAL COMMENTS:				



Personal Financial Statement

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APPLICANT	CO-APPLICANT		
Full Name Date completed	Full Name Date completed		
Employer	Employer		
Address of Employer	Address of Employer		
Business Phone # of years Title/Position with employer	Business Phone # of years Title/Position with employer		
Name of previous employer & position (if on current job less than 3 yrs) # of years	Name of previous employer & position (if on current job less than 3 yrs) # of years		
Home address	Home address		
Home Phone Social Security Number Date of Birth	Home Phone Social Security Number Date of Birth		
Name, Phone No. of your Accountant	Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney	Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker	Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor	Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)		Federal Income & Other Taxes	
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op or Condo Fees	
Bonuses & Commissions (co-applicant)		Mortgage Payments Residential Investment	
Rental Income		Property Taxes Residential Investment	
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony / Child Support	
Other Investment Income		Tuition	
Other Income (List)**		Other Living Expenses	
		Medical Expenses	
		Other Expense (List)	
TOTAL INCOME	\$	TOTAL EXPENDITURES	\$

Any significant changes expected in the next 12 months? ____ NO ____ YES (If yes, attach information)

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



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ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this bank (include CD's Money Markets)		Notes Payable to this Bank - Secured	
Cash in other banks (include CD's Money Markets)		Notes Payable to this Bank - Unsecured	
		Notes Payable to other Banks - Secured (schedule E)	
		Notes Payable to other Banks - Unsecured (schedule E)	
		Accounts Payable (including credit cards)	
		Margin Accounts	
		Notes Due: Partnership (schedule D)	
Readily Marketable Securities (Schedule A)		Taxes Payable	
Non-Readily Marketable Securities (Schedule A)		Mortgage Debt (Schedule C)	
Accounts & Notes Receivable		Life Insurance Loans (Schedule B)	
Net Cash Surrender Value of Life Ins. (Schedule B)		Other Liabilities (list)	
Residential Real Estate (Schedule C)			
Real Estate Investments (Schedule C)			
Partnerships / PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing			
Other Vested Retirement Accounts			
Deferred Income (number of years deferred)			
Personal Property (including automobiles)			
Other Assets (List)			
		TOTAL LIABILITIES	
	\$	NET WORTH	\$

CONTINGENT LIABILITIES

		AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	_Yes _No	\$
Do you have any outstanding letters of credit or surety bonds?	_Yes _No	\$
Are there any suits or legal actions pending against you?	_Yes _No	\$
Are you contingently liable on any lease or contract?	_Yes _No	\$
Are any of your tax obligations past due?	_Yes _No	\$
What would be your total estimated tax liability if you were to sell your major assets?		\$
If yes for any of the above, give details:		

Schedule A - All Securities (including non-money market mutual funds)

No. of Shares (stock or Face Value (Bonds)	DESCRIPTION	OWNERS	WHERE HELD	COST	CURRENT MARKET VALUE	PLED YES	GED NO		
READILY MARKI	ETABLE SECURITIES (including U.S. Governments	and Municipals) *				-	_		
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock) *									

If you do not have enough space, attach a separate schedule or brokerage statement and enter totals only.



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Schedule B - Insurance		LIFE INSU	RANCE (use additional s	(use additional sheet if necessary)				
LIFE INSURANCE	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 Property Address	Legal Owner	Puro Year	hase Price	Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Investment Property Property Address	Legal Owner	Puro Year	hase Price	Market Value	Present 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 (indicate name):								
Investments (Including Tax Shelters)								

*Note: For investments which represent a material 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-1's

Schedule E - Notes Payable									
Due to	Type of Facility	Amount of Line	Sec Yes	ured No	Collateral	Interest Rate	Maturity	Unpaid Balance	

Please Answer The Following Questions:	
1. Income tax returns filed through (date): If yes, what year(s)?	_ Are any returns currently being audited or contested?YesNo
 Have (either of) you or any firm in which you were a major of lf yes, please provide details: 	
3. Have you ever drawn a will?YesNo	will was drawn:
4. Number of dependents (excluding self) and relationship to a	pplicant:
5. Have you ever had a financial plan prepared for you?6. Did you include two years federal and state tax returns?	
7. Do (either of) you have a line of credit or unused credit facili If so, please indicate where, how much, and name of banke	
8. Do you anticipate any substantial inheritances?	
- · · ·	

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are 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 you 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 you. 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 you 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 the case may be, immediately due and payable. 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 authorize any person or consumer-reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you 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 give you shall be your property.

Date

Your signature

Date

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



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Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: Check one or more	Race: Check one or more					
Hispanic or Latino	American Indian or Alaska Native - Print name of enrolled or					
🗌 Mexican 🔄 Puerto Rican 🗌 Cuban	principal tribe:					
Other Hispanic or Latino - <i>Print origin:</i>	Asian					
For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Not Hispanic or Latino I do not wish to provide this information Sex Female Male	 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race: For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Black or African American Native Hawaiian or Other Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander - Print race: 					
I do not wish to provide this information	For example: Fijian, Tongan, and so on.					
	White					
	I do not wish to provide this information					
To Be Completed by Financial Institution (for application taken in p	person):					
Was the ethnicity of the Borrower collected on the basis of visual obse	rvation or surname? 🔿 NO 🔿 YES					
Was the sex of the Borrower collected on the basis of visual observation	n or surname? O NO O YES					
Was the race of the Borrower collected on the basis of visual observati	on or surname? O NO O YES					
The Demographic Information was provided through:						

○ Telephone Interview

O Email or Internet

○ Fax or Mail

○ Face-to-Face Interview (includes Electronic Media w/ Video Component)



Financial Request Letter

Date

I/we authorize my accountant to release to Bank*Gloucester* my tax returns on an annual basis as long as my loan(s) remain(s) outstanding with the bank.

Sincerely,

Borrower's Signature

Borrower's Name

Accountant's Name and Phone Number

Accountant's Email Address

 \Box N/A Self Prepared



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 the account: Account #:_____

B. Name, Type, and Address of Legal Entity for which the account is being opened:

C. The following information for <u>each</u> 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	Address	For U.S. Persons:	For Non-U.S.	% of
		Birth	(Residential Address)	Social Security	Persons: Social	Ownership
				Number	Security	
					Number,	
					Passport # and	
					Country of	
					lssuance ¹	
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" above and explain below (i.e. All <25%; Charity/NonProfit; 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, 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 section (c) above may also be listed in this section (d)).

_									
	Name & Title	Date of	Address	For U.S. Persons:	For Non-U.S. Persons: Passport				
		Birth	(Residential Address)	Social Security	Number and Country of Issuance				
				Number					

I,(name of natural person opening account), hereby certify, to the best of my	
knowledge, that the information provided above is complete and correct. I also agree to notify BankGloucester of any chang	e in
the information provided within this certification.	

Signature:	Date:
Legal Entity Identifier	_(Optional)

¹ In lieu of a passport number, Non-U.S. Persons may also provide 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.



certify as of this daytha
ne previous information supplied for beneficial ownership and or controlling ownership is up-to-date and ccurate.
acknowledge I am to notify the bank of any such changes in Beneficial Ownership and or Controlling Iembers of the organization and will provide their necessary information or another Certification of eneficial Ownership Form.
gnature
ontinuing Beneficial Ownership/Controlling Owner Certification for Account(s)
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acknowledge I am to notify the bank of any such changes in Beneficial Ownership and or Controlling
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gnature
ontinuing Beneficial Ownership/Controlling Owner Certification for Account(s)

*Please complete a new Certification Form if all three sections have been filled out



APPENDIX A 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 foreign 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.