

## BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMER Information Collection Form

DATE: \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

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:

(This section does not apply if the above legal entity is a charitable or non-profit entity)

FULL NAME / Title	DATE OF BIRTH	Contact Ph # or email (optional)	ADDRESS (Residential or Business Street Address)	SOC SEC NUMBER (or other ID Number) <sup>1</sup>	Owner %	SIGNER ✓	COPY Dr Lic /other ✓

<sup>1</sup>**For Foreign Persons:** Passport Number and Country of Issuance, or other similar identification number In lieu of a passport number, foreign 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.

(If no individual meets this definition or you are a charitable or non-profit entity, please write "Not Applicable.")

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., CEO, CFO, COO, Managing Member, General Partner, President, Vice-President, Treasurer) or
- Any other individual who regularly performs similar functions listed in this section.

(If appropriate, an individual listed under the Beneficial Owners section above may also be listed in this section. )

FULL NAME / Title	DATE OF BIRTH	Contact Ph # or email	ADDRESS (Residential or Business Street Address)	SOC SEC NUMBER (or other ID Number) <sup>1</sup>	SIGNER ✓	COPY Dr Lic /other ✓

The following information is for any individuals who is a signers on the account but are not a Beneficial Owner or the Controller of the legal entity:

FULL NAME / Title	DATE OF BIRTH	Contact Ph # or email	ADDRESS (Residential or Business Street Address)	SOC SEC NUMBER (or other ID Number) <sup>1</sup>	SIGNER ✓	COPY Dr Lic /other ✓

<sup>1</sup>For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number In lieu of a passport number, foreign 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.

**You must provide a copy of current driver’s license or other appropriate government issued identification for EACH individual listed on this form.**



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