

CERTIFICATION OF BENEFICIAL OWNER(S)

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 any person obtaining, extending or renewing a loan 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; and (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?

When you obtain loan on behalf of a legal entity, the financial institution will ask for information about the legal entity’s **beneficial owner(s)**, including their name, address, date of birth and social security number. 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.

Beneficial owners are:

- (1) 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); **and**
- (2) 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).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (II), 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 (II), you must provide the identifying information of **one** individual under section (III). 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 (III)), and up to five individuals (i.e., one individual under section (III) and four 25 percent equity holders under section (II)).

SECTION I - ENTITY INFORMATION

Legal Entity Name		Taxpayer ID Number	
Address (Legal Address used for tax reporting – Not PO Box)		City	State
Type of Entity (select ONE):	Please provide copies of all agreements and any amendments		
<input type="checkbox"/> Limited Liability Company	Is there an Operating Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Partnership	Please provide a copy of the Partnership Agreement?		
<input type="checkbox"/> Corporation	Please provide a copy of the By-Laws & any Amendments		
<input type="checkbox"/> Trust	Please provide a copy of the Trust Agreement & any Amendments		

SECTION II – BENEFICIAL OWNERS

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.

Important to note: If the Entity Owner is another Entity or Trust, please provide a separate Certification of Beneficial Owner Form for the Entity or Trusts.

- There are no Entity Owners (i.e. charity/non-profit)
- There are no Individual Owners with 25% or more ownership (skip to next section)

OWNER #1		OWNERSHIP %		%	INTERNAL USE ONLY <input type="checkbox"/> Ownership Verified <input type="checkbox"/> Copy of Identification <input type="checkbox"/> Address Verified <input type="checkbox"/> TruAlert in File <input type="checkbox"/> OFAC in File
Name		Date of Birth	Tax Identification Number		
Physical Address (No PO Box)		City	State	Zip Code	

OWNER #2		OWNERSHIP %		%	INTERNAL USE ONLY <input type="checkbox"/> Ownership Verified <input type="checkbox"/> Copy of Identification <input type="checkbox"/> Address Verified <input type="checkbox"/> TruAlert in File <input type="checkbox"/> OFAC in File
Name		Date of Birth	Tax Identification Number		
Physical Address (No PO Box)		City	State	Zip Code	

OWNER #3		OWNERSHIP %		%	INTERNAL USE ONLY <input type="checkbox"/> Ownership Verified <input type="checkbox"/> Copy of Identification <input type="checkbox"/> Address Verified <input type="checkbox"/> TruAlert in File <input type="checkbox"/> OFAC in File
Name		Date of Birth	Tax Identification Number		
Physical Address (No PO Box)		City	State	Zip Code	

OWNER #4		OWNERSHIP %		%	INTERNAL USE ONLY <input type="checkbox"/> Ownership Verified <input type="checkbox"/> Copy of Identification <input type="checkbox"/> Address Verified <input type="checkbox"/> TruAlert in File <input type="checkbox"/> OFAC in File
Name		Date of Birth	Tax Identification Number		
Physical Address (No PO Box)		City	State	Zip Code	

Please also provide a copy of a non-expired form of identification for each owner. (Acceptable forms of Identification include US State Picture Driver's License, US Passport, US Military Picture ID, Alien Registration Card, Mexican Consular ID Card, Other Non-Expired Federal Picture ID):

SECTION II – OTHER OWNERS

In order to accurately prepare loan documents, please provide the following information for any individual with LESS THAN 25 percent equity interest of the legal entity listed above.

Name	Ownership %	Name	Ownership %
Total Ownership = 100%			

SECTION III – SIGNIFICANT RESPONSIBILITY

Please provide the following information for **ONE** individual with significant responsibility for managing or directing the entity, including, 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 below.

Check ONE: <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:				Internal Use Only	
Name		Date of Birth	Tax Identification Number		
Physical Address (No PO Box)		City	State	Zip Code	
				<input type="checkbox"/> Copy of Identification <input type="checkbox"/> Address Verified <input type="checkbox"/> TruAlert in File	

If there are additional individuals with significant responsibility for managing or directing the entity (i.e. Board of Directors, Managers), please provide their name(s) and title(s) below:

		Internal Use Only	
Name	Check ONE: <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other: _____		<input type="checkbox"/> Copy of Identification
Name	Check ONE: <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other: _____		<input type="checkbox"/> Copy of Identification
Name	Check ONE: <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other: _____		<input type="checkbox"/> Copy of Identification

Signature and Date (form cannot be processed without signature and date):

By signing below, you certify and acknowledge the following:

- To help the government fight financial crimes, federal regulation requires Centennial Lending LLC to obtain your name, date of birth, address, and a government-issued ID number before closing your loan, and to verify the information. In certain circumstances, Centennial Lending LLC may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Centennial Lending LLC to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your loan can not close if Centennial Lending LLC cannot obtain and verify this information. Centennial Lending LLC will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your loan does not close as a result of Centennial Lending LLC not being able to obtain and verify this information.
- All information or documentation provided by you is true, accurate, and complete.
- You are authorized to provide this information on behalf of the entity, and you affirm that you are authorized to make the representations made herein.
- The Social Security number(s) and/or the TIN(s) provided on this form is/are correct (or you are waiting for a number to be issued).

I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

FOR INTERNAL USE ONLY		Loan #