



PO Box 1049
 Traverse City, MI 49685
 tbacu.com 231-946-7090

CERTIFICATION OF BENEFICIAL OWNER(S)

Account #: _____ - _____

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

NAME AND TITLE OF NATURAL PERSON OPENING ACCOUNT			
First Name	Middle Name	Last Name	TITLE

NAME AND ADDRESS OF LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED				
Entity Name		Legal Entity Identifier(Optional)		
Physical Address	City	State	Zip	Country

Section I

Please provide the following information for an individual(s), 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. **Check here if no individual meets this definition and complete Section II.**

BENEFICIAL OWNER - 1				
First Name	Middle Name	Last Name		
Date of Birth <i>mm/dd/ccyy</i>		SSN		
For non-U.S. persons (SSN, Passport Number, or other similar identification number)			Country of Issuance	
Physical Address	City	State	Zip	Country

Note: 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.

BENEFICIAL OWNER - 2				
First Name	Middle Name	Last Name		
Date of Birth <i>mm/dd/ccyy</i>		SSN		
For non-U.S. persons (SSN, Passport Number, or other similar identification number)			Country of Issuance	
Physical Address	City	State	Zip	Country

Note: 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.

BENEFICIAL OWNER - 3				
First Name		Middle Name		Last Name
Date of Birth <i>mm/dd/ccyy</i>		SSN		
For non-U.S. persons (SSN, Passport Number, or other similar identification number)			Country of Issuance	
Physical Address	City	State	Zip	Country

Note: 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.

BENEFICIAL OWNER - 4				
First Name		Middle Name		Last Name
Date of Birth <i>mm/dd/ccyy</i>		SSN		
For non-U.S. persons (SSN, Passport Number, or other similar identification number)			Country of Issuance	
Physical Address	City	State	Zip	Country

Note: 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.

Section II

Please provide the following information for an 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.

RESPONSIBLE MANAGER				
First Name		Middle Name		Last Name
Date of Birth <i>mm/dd/ccyy</i>		SSN		
For non-U.S. persons (SSN, Passport Number, or other similar identification number)			Country of Issuance	
Physical Address	City	State	Zip	Country

I, _____ (*name of person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____

Legal Entity Identifier(optional) _____