



Certification Regarding Beneficial Owners of a Legal Entity

All form fields are required unless otherwise noted.

Sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf do not need to complete this form.

Questions? Contact BECU at **800-704-8080**.

Step 1. Purpose of this form

Federal regulations require financial institutions to obtain, verify, and record certain information, some of which is collected on this form.

Legal Entities can be used 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 (the Beneficial Owners and the Control Person) helps law enforcement investigate and prosecute these crimes.

Step 2. Legal Entity information

Legal Entity Name

Provide the full legal name of the business as registered with the secretary of state or department of revenue, not a trade name or “doing business as” (DBA) name.

Legal Entity Type

Partnership Corporation LLC Club

Federal Tax Identification Number (TIN)

Enter the TIN the Legal Entity uses to file its business taxes.

Street Address (must be a physical address in the United States)

City

State

ZIP Code

Phone (numbers only, no dashes)

Step 3. Beneficial owner(s) with 25% or more ownership

A Beneficial Owner is not the same as a beneficiary. A Beneficial Owner is each individual who owns, directly or indirectly, 25% or more of the equity interests of the Legal Entity. (For example, each natural person that owns 25% or more of the shares of a corporation is a Beneficial Owner.)

You must list **all** Beneficial Owners with 25% or more ownership unless there are no such owners, in which case you may check the box stating there are no Beneficial Owners.

There are no Beneficial Owners with 25% or more ownership. Proceed to Step 4.

Beneficial owner 1

First Name	Middle Name (optional)	Last Name	Suffix
Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)		Ownership Stake %	Date of Birth (mm/dd/yyyy)
Physical Home Address			
City		State / Province	
ZIP / Postal Code	Country		

Social Security Number, ITIN, or Alternate Identification

- Social Security number: _____ (9 digits, numbers only, no dashes)
- Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance
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*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial owner 2

First Name	Middle Name (optional)	Last Name	Suffix
Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)		Ownership Stake %	Date of Birth (mm/dd/yyyy)
Physical Home Address			
City		State / Province	
ZIP / Postal Code	Country		

Social Security Number, ITIN, or Alternate Identification

Social Security number: _____ (9 digits, numbers only, no dashes)

Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)

This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial owner 3

First Name	Middle Name (optional)	Last Name	Suffix
Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)		Ownership Stake %	Date of Birth (mm/dd/yyyy)
Physical Home Address			
City		State / Province	
ZIP / Postal Code	Country		

Social Security Number, ITIN, or Alternate Identification

- Social Security number: _____ (9 digits, numbers only, no dashes)
- Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Beneficial owner 4

First Name	Middle Name (optional)	Last Name	Suffix

Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)	Ownership Stake	Date of Birth (mm/dd/yyyy)
	%	

Physical Home Address

City	State / Province

ZIP / Postal Code	Country

Social Security Number, ITIN, or Alternate Identification

- Social Security number: _____ (9 digits, numbers only, no dashes)
- Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes)
- This Beneficial Owner does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 4. Control Person

Who is a Control Person?

You must designate as the Control Person an individual with significant responsibility to control, manage, or direct the Legal Entity. This person does **not** need to be an owner of the Legal Entity, but they must be a high-level official in the legal entity, who is responsible for how the organization is run, and who will have access to a range of information concerning day-to-day operations.

What if this person was already listed in Step 3?

If an individual meets the definition of both Beneficial Owner with 25% or more ownership and Control Person, you must list them in both sections.

First Name	Middle Name (optional)	Last Name	Suffix
Role / Position in the Business (for example, Partner, Officer, Member, Owner, Manager)		Date of Birth (mm/dd/yyyy)	
Physical Home Address			
City		State / Province	
ZIP / Postal Code	Country		
Social Security Number, ITIN, or Alternate Identification			
<input type="radio"/> Social Security number: _____ (9 digits, numbers only, no dashes).			
<input type="radio"/> Individual Tax ID Number (ITIN): _____ (9 digits, numbers only, no dashes).			
<input type="radio"/> The Control Person does not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*			
ID Number	ID Type	Country of Issuance	
*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.			

Step 5. Information about the person completing and signing this form

Who is completing and signing this form?

- An Owner listed in Step 3 or the Control Person listed in Step 4, above. Proceed to Step 6.
- Someone else. Please provide your details below.

First Name	Middle Name (optional)	Last Name	Suffix

Role / Position in the Business

Social Security Number or ITIN (or Alternate Identification)

- Social Security number: _____ (enter 9 digits, numbers only, no dashes).
- Individual Tax ID Number (ITIN): _____ (enter 9 digits, numbers only, no dashes).
- I do not have a Social Security number or ITIN. Provide the number, type, and country of an alternative identification document.*

ID Number	ID Type	Country of Issuance

*The alternative identification must be a document evidencing nationality or residence and bearing a photograph or similar safeguard, such as a passport or alien identification card.

Step 6. Certification and agreement

By signing below, I agree to the following:

- I authorize BECU to access the FinCEN beneficial ownership database (<https://www.fincen.gov/boi>) to validate the Legal Entity's beneficial ownership information.
- If the Legal Entity has a BECU deposit account or loan with an automatic renewal feature, I agree that the account holder will notify BECU of any changes to the information provided on this form. If BECU receives no notification of any changes, BECU will treat the automatic renewal as certification that the information is current and accurate.
- I certify, to the best of my knowledge, that the information provided on this form is complete and correct.

Signature	Printed Name	Date (mm/dd/yyyy)

For BECU use only

ID verified Org Number: _____