



1330 Directors Row
 Fort Wayne, IN 46808-1288
 260.471.8336 / 800.728.8943
 260.471.7643 Fax
 www.partners1stcu.org

CERTIFICATION OF BENEFICIAL OWNER(S)

Account Number: _____

Name and Title of Person Opening Account: _____

Business Full Legal Name: _____

Is this a Non-Profit Corporation? No Yes (If Yes, skip to Controlling Person Section)

Beneficial Owners – Complete the following information for **each** individual who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the above listed business. **If no individual meets this definition, specify “N/A” for not applicable.**

| Name | Address | Social Security Number | DOB |
|------|---------|------------------------|-----|
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Controlling Person – Complete the following information for one individual with significant responsibility for managing the above listed business (i.e. executive officer such as CEO, CFO, or COO; senior manager, director, controller, or any other individual who regularly performs similar functions.) This is not the person responsible for managing the account at Partners 1st FCU – this is the person who is primarily responsible for making decisions for the business itself. **If appropriate, an individual listed under the Beneficial Owners section above may also be listed in this section.**

| Name | Address | Social Security Number | DOB |
|------|---------|------------------------|-----|
| | | | |

A copy of a government-issued identification card must be provided with each individual listed on this form.

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

Printed Name: _____

Signature: _____ Date: _____