



BENEFICIAL OWNER CERTIFICATION

Revised

Legal Entity Type

- Corporation not publicly traded (CO)
- Limited Liability Company (LL)
- Partnership (PT)
- Non-Profit Corporation (NP)

NOTE: For Non-Profit Corporations registered with the State, only Controller Information is required.

Natural Person Opening Account or Certifying This Form

Name		Title	
Company Name			EIN
Company Address			
Company Address Line 2			
Company City		Company State	Company Zip

Controller

Please provide the following information for one individual (Controller) with significant responsibility for managing or directing the entity (Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice-President, or Treasurer) or any other individual who regularly performs similar functions.

Name		Date of Birth	Social Security Number
Physical Address 1		Physical Address 2	
City	State	Zip	
Primary ID Type		Primary ID Number	
Primary ID State/Country		Issue Date	Expiration Date

Beneficial Owners

Please provide the following for each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation);

- The controller also owns 25% or more of the company.
- No one owns 25% or more of the company.

Owner 1

Name		Date of Birth	Social Security Number
Physical Address 1		Physical Address 2	
City	State	Zip	
Primary ID Type		Primary ID Number	
Primary ID State/Country		Issue Date	Expiration Date



BENEFICIAL OWNER CERTIFICATION

Owner 2		
Name	Date of Birth	Social Security Number
Physical Address 1	Physical Address 2	
City	State	Zip
Primary ID Type	Primary ID Number	
Primary ID State/Country	Issue Date	Expiration Date
Owner 3		
Name	Date of Birth	Social Security Number
Physical Address 1	Physical Address 2	
City	State	Zip
Primary ID Type	Primary ID Number	
Primary ID State/Country	Issue Date	Expiration Date
Owner 4		
Name	Date of Birth	Social Security Number
Physical Address 1	Physical Address 2	
City	State	Zip
Primary ID Type	Primary ID Number	
Primary ID State/Country	Issue Date	Expiration Date
Certification		
<p>By Signing This Form, You Certify and Acknowledge the Following:</p> <ul style="list-style-type: none"> All information or documentation provided by you is true and accurate. 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. You agree to notify Fidelity Bank of any changes in the beneficial ownership information provided on this form. To comply with federal law, Fidelity Bank is required to obtain the information requested in this form. Further documentation may be required for certain entities such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted or closed if Fidelity Bank cannot obtain and verify this information and will not be responsible for any losses or damages that may result if your account is restricted or closed. 		
Signature	Date	
Print Name		

Bank Employee _____ Date: _____

Printed Name: _____ Location: _____