|  |  |  |  |
| --- | --- | --- | --- |
| Know your customer questionnaire |  |  |  |
|  |  |  |  |

**Submit for all Organization/Entity customers**

**Important information about identifying our Organization/Entity customers**

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| To help the government fight the funding of terrorism, money laundering activities and to comply with economic sanctions, Federal law requires us to “know your customer” (KYC) by obtaining and maintaining information for whom we open or hold an account. |

**What this means for you**

|  |
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| In order to open an account, or maintain an existing account, we are asking you to provide**:** the legal organization/legal entity name, address, taxpayer identification number (TIN), and other information that will allow us to identify the organization/entity.  We may also ask for identifying documents, such as: Organization or Association Charter, Organization by-laws, Meeting Minutes indicating election of current officers and designation of persons authorized to establish an account or Certificate of Formation from the issuing state agency. |

**Definitions for the following Sections can be found on the last page of this form.**

**Section I: Organization/Entity structure (select one)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Corporation | Limited Partnership | | | Sole Proprietorship | | | | | | |
| Government Agency/State Owned Entity | Partnership | | | Sovereign Nation/Indian Tribal Government | | | | | | |
| Limited Liability Company | Non-Profit; Endowment, Foundation, Charity or Unincorporated Association | | |  | | | | | | |
|  | | | | | | | | | | |
| Legal name | | | | | | | | | | |
|  | | | | | | | | | | |
| Doing Business As (DBA), if any | | | | | | | | | | |
|  | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | | | |
|  | | | | |  |  | |  | |  |
| City | | | | | | | State |  | Zip code | |
|  | |  |  | | | | | | | |
| Taxpayer identification number | | | Country | | | | | | | |
|  | |  |  | | | | | | | |
| State of registration or incorporation | | | Country of registration or incorporation | | | | | | | |
|  | | | | | | | | | | |
| What is the nature of the business? (A description of the entity’s business. For example, what products do they produce, or what service(s) do  they offer?) | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section II: Further define Organization/Entity (select all that apply)** | | | | | | | | | | |
| Casino/Gaming Industry | Foreign Government | | | | | | | | Special Purpose Entity/Vehicle | |
| Domestic Bank | Money Service Business | | | | | | | | Third Party Payment Processor | |
| Foreign Bank | Marijuana Related Business | | | | | | | |  | |
| NAICS or SIC Code(s): include no more than three codes. | | | | | | | | | | |
|  | | |  |  | | | |  |  | |
| NAICS/SIC code | | | | NAICS/SIC code | | | | | NAICS/SIC code | |
| Does the organization/entity do business outside the United States? | | | | | Yes or | No | | | | If yes, see below. |
| If yes, provide up to three countries from which entity derives the largest percentage of revenue. | | | | | | | | | | |
|  | |  | |  | | |  | |  | |
| Country | | | | Country | | | | | Country | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the organization/entity publicly traded or owned 51% or more by a publicly traded entity?  Yes or  No  If yes, please provide the information below. | | | | |
|  |  |  |  |  |
| Ticker symbol | | Exchange | | Country |
| Is the organization/entity a financial institution?  Yes or  No If Yes, list: | | | | |
|  | | | | |
| Regulator | | | | |

**Section III: Other party information (check all roles that apply)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Beneficial Owner(s) Certification Form (MM9876)** is required for all Organization/Entity. However, when there are no Beneficial Owners and **only** Control Person information is being collected on the separate Beneficial Owner Certification Form, we require the Legal Owner information to be included below.  **Legal Owners** are defined as the individual(s) or organization who own 25% or more of the legal title to above named Organization/Entity. List all 25% or more Legal Owners.  Non U.S. Persons or Non U.S. Entity listed on Form MM9876 and/or Non-Qualified Plan Authorization Form  Yes or  No  If Yes, Non U.S. Persons information to be included below.  PEP listed on Form MM9876 and/or Non-Qualified Plan Authorization Form  Yes or  No  If Yes, PEP information to be included below.  State Owned Entity (SOE) listed on Form MM9876 and/or Non-Qualified Plan Authorization Form  Yes or  No  If Yes, SOE information to be included below. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner Type:** |  | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Owner |  | | | | | | | | |  | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Other party #1** | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | |
| Legal name | | | | | | | | | | | | | | | | | | | | | Taxpayer Identification Number | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | | | |  |  | | | | | | | | |  | | | |
|  | | | | | | |  | |  | | | |  | |  | | | |  | |  | | | |
| City | | | | | | | | | State | | | | | | Zip Code | | | | | | Country | | | |
|  | | | | | | |  | |  | | | | | | | | | |  | |  | | | |
| State/Country of Registration/Incorporation  (organizations/entities only) | | | | | | | | Date of Birth (mm/dd/yyyy) (individuals only) | | | | | | | | | | | | | Country of Citizenship (individuals only) | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| Title (individual only) | | | | | | | | | | | | | | | | | | | | |  | | | |
| Politically Exposed Person (PEP) | | Yes | or | No |  | State Owned Entity (SOE) | | | | | | | | Yes | | or | No |  | | Percent of Ownership | | | |  |
| (individuals only) | |  |  |  |  | (organizations/entities only) | | | | | | | |  | |  |  |  | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Other party #2** | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | |
| Legal name | | | | | | | | | | | | | | | | | | | | | Taxpayer Identification Number | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | | | |  |  | | | | | | | | |  | | | |
|  | | | | | | |  | |  | | | |  | |  | | | |  | |  | | | |
| City | | | | | | | | | State | | | | | | Zip Code | | | | | | Country | | | |
|  | | | | | | |  | |  | | | | | | | | | |  | |  | | | |
| State/Country of Registration/Incorporation  (organizations/entities only) | | | | | | | | Date of Birth (mm/dd/yyyy) (individuals only) | | | | | | | | | | | | | Country of Citizenship (individuals only) | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| Title (individual only) | | | | | | | | | | | | | | | | | | | | |  | | | |
| Politically Exposed Person (PEP) | | Yes | or | No |  | State Owned Entity (SOE) | | | | | | | | Yes | | or | No |  | | Percent of Ownership | | | |  |
| (individuals only) | |  |  |  |  | (organizations/entities only) | | | | | | | |  | |  |  |  | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Other party #3** | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | |
| Legal name | | | | | | | | | | | | | | | | | | | | | Taxpayer Identification Number | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | | | |  |  | | | | | | | | |  | | | |
|  | | | | | | |  | |  | | | |  | |  | | | |  | |  | | | |
| City | | | | | | | | | State | | | | | | Zip Code | | | | | | Country | | | |
|  | | | | | | |  | |  | | | | | | | | | |  | |  | | | |
| State/Country of Registration/Incorporation  (organizations/entities only) | | | | | | | | Date of Birth (mm/dd/yyyy) (individuals only) | | | | | | | | | | | | | Country of Citizenship (individuals only) | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| Title (individual only) | | | | | | | | | | | | | | | | | | | | |  | | | |
| Politically Exposed Person (PEP) | | Yes | or | No |  | State Owned Entity (SOE) | | | | | | | | Yes | | or | No |  | | Percent of Ownership | | | |  |
| (individuals only) | |  |  |  |  | (organizations/entities only) | | | | | | | |  | |  |  |  | |  | | | |  |

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| **Other party #4** | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | |  | |
| Legal name | | | | | | | | | | | | | | | | | | | Taxpayer Identification Number | |
|  | | | | | | | | | | | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | |  |  | | | | | | | | |  | |
|  | | | | | |  | |  | | |  | |  | | | |  | |  | |
| City | | | | | | | | State | | | | | Zip Code | | | | | | Country | |
|  | | | | | |  | |  | | | | | | | | |  | |  | |
| State/Country of Registration/Incorporation  (organizations/entities only) | | | | | | | Date of Birth (mm/dd/yyyy) (individuals only) | | | | | | | | | | | | Country of Citizenship (individuals only) | |
|  | | | | | | | | | | | | | | | | | | |  | |
| Title (individual only) | | | | | | | | | | | | | | | | | | |  | |
| Politically Exposed Person (PEP) | Yes | or | No |  | State Owned Entity (SOE) | | | | | | | Yes | | or | No |  | | Percent of Ownership | |  |
| (individuals only) |  |  |  |  | (organizations/entities only) | | | | | | |  | |  |  |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | |  | |
| **Other party #5** | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | |  | |
| Legal name | | | | | | | | | | | | | | | | | | | Taxpayer Identification Number | |
|  | | | | | | | | | | | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | |  |  | | | | | | | | |  | |
|  | | | | | |  | |  | | |  | |  | | | |  | |  | |
| City | | | | | | | | State | | | | | Zip Code | | | | | | Country | |
|  | | | | | |  | |  | | | | | | | | |  | |  | |
| State/Country of Registration/Incorporation  (organizations/entities only) | | | | | | | Date of Birth (mm/dd/yyyy) (individuals only) | | | | | | | | | | | | Country of Citizenship (individuals only) | |
|  | | | | | | | | | | | | | | | | | | |  | |
| Title (individual only) | | | | | | | | | | | | | | | | | | |  | |
| Politically Exposed Person (PEP) | Yes | or | No |  | State Owned Entity (SOE) | | | | | | | Yes | | or | No |  | | Percent of Ownership | |  |
| (individuals only) |  |  |  |  | (organizations/entities only) | | | | | | |  | |  |  |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | |  | |
| **Other party #6** | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | |  | |
| Legal name | | | | | | | | | | | | | | | | | | | Taxpayer Identification Number | |
|  | | | | | | | | | | | | | | | | | | | | |
| Address (No PO Box) | | | | | | | | |  |  | | | | | | | | |  | |
|  | | | | | |  | |  | | |  | |  | | | |  | |  | |
| City | | | | | | | | State | | | | | Zip Code | | | | | | Country | |
|  | | | | | |  | |  | | | | | | | | |  | |  | |
| State/Country of Registration/Incorporation  (organizations/entities only) | | | | | | | Date of Birth (mm/dd/yyyy) (individuals only) | | | | | | | | | | | | Country of Citizenship (individuals only) | |
|  | | | | | | | | | | | | | | | | | | |  | |
| Title (individual only) | | | | | | | | | | | | | | | | | | |  | |
| Politically Exposed Person (PEP) | Yes | or | No |  | State Owned Entity (SOE) | | | | | | | Yes | | or | No |  | | Percent of Ownership | |  |
| (individuals only) |  |  |  |  | (organizations/entities only) | | | | | | |  | |  |  |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | |  | |

**Section IV: Name(s) and date completed**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed name(s) of individual who completed form |  | Date (mm/dd/yyyy) |
|  |  |  |
| Printed name(s) of individual who completed form |  | Date (mm/dd/yyyy) |

**Definitions**

**Section I: Organization/Entity structure**

|  |
| --- |
| Corporation – C or S Corporation  Limited Liability Company - (LLC)  Limited Partnership - LP  Partnership – General Partnership or Limited Liability Partnership  Non-Profit – Charity, Endowment, Foundation or Unincorporated Association  Sole Proprietorship  Sovereign Nation/Indian Tribal Government  Legal name:  Please provide the full legal name of Organization/Entity.  Under the USA PATRIOT Act, customer is defined as a “person” (an individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens a new account, who is added to an account or maintains an existing account. An entity is a corporation, limited liability, partnership, or other organization.  DBA, if any:  “Doing Business As” is a term meaning the name under which the business is conducted and presented to the public which is not the legal name of the person or corporation of the business. U.S. jurisdictions may require businesses not operating under their legal names to file a DBA statement for consumer protection purposes. Please provide this document, if applicable.  What is the nature of the business?  Please provide a description of the Organization//Entity’s business. For example, what products do they produce, or what service(s) do they offer?  Example: We are an American supermarket chain operating in the midwestern United States.  We are a retailer of home improvement and construction products and services |

**Section II: Further define Organization/Entity**

|  |
| --- |
| NAICS and SICS Code:  The North American Industry Classification System (NAICS) code is used to classify businesses and used by Federal statistical agencies. This code appears on IRS Form 5500 in field 2D. List no more than three NAICS codes.  Source: [2017 U.S. NAICS Search](https://www.census.gov/eos/www/naics/)  The Standard Industrial Classification (SIC) code are **four**-digit codes that categorize the industries that companies belong to based on their business activities.  Source: <https://www.osha.gov/data/sic-search>  Does organization/entity do business outside of the United States?  List the three countries from which the organization/entity derives the largest percentage of its’ revenue. (include U.S. if appropriate)  Is the organization/entity publicly traded or owned 51% or more by a publicly traded entity?  Provide the ticker symbol, the name of the exchange it is traded on, and the country of the stock exchange. |

**Section III: Other party information**

|  |
| --- |
| **Legal owners** are defined as the individual(s) or organization who own 25% or more of the legal title to above named Organization/Entity.  **Beneficial owners** are those parties, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns a 25% or more equity interests of the above named Organization/Entity.  • Legal name • State Owned Entity (SOE)  • Taxpayer Identification Number • Zip code  • Address (Do not use a PO Box) • Country  • City • State/Country of registration or incorporation (entities only)  • State • Date of birth (Individuals only)  • PEP • Country of citizenship (individuals only)  • Percent of Ownership • Title (individuals only) |

Politically exposed person

A politically exposed person (PEP) is one who has been entrusted with a prominent public function. In addition to the PEP, any close business associate or family member of such a person, could also be identified as PEP.

State owned entity

A State owned entity (SOE) is a legal entity that is created by a government in order to partake in commercial activities on the government's behalf. It can be either wholly or partially owned by a government and is typically earmarked to participate in specific commercial activities.