

# Certification Regarding Beneficial Owners of Legal Entity Customers



For TD Personnel use only			
Account Number:	Date:		
TD Bank Representative Name:	TD Bank Representative Phone:		
RC Code (if applicable):	Store Number (if applicable):		
Account Opening/Maintenance Information			
A. Name and Address of Legal Entity for which an account is being opened or Business Relationship is being updated			
Name:			
Address:		City/State/Zip:	
B. Name and Title of Natural Person opening account or updating the Business Relationship			
Name:		Title:	
I. Certification of Individual with Control (see page 4 for definition)			
Individual First Name:	Middle Initial:	Last Name:	
Street Address (no PO Boxes):		City:	
State/Province:	Zip/Postal Code:	Country:	
Social Security Number (SSN) (US persons only):		Date of Birth:	
Title (CEO, President, etc.):			
Non-US persons, please complete the fields below			
Primary ID Type (passport or other):		Number:	
Country:	Date of Issuance:	Exp. Date:	
Is this Individual with Control also a Beneficial Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the percentage of ownership? %			
II. Certification of Beneficial Owner(s) (see page 4 for definition)			
If no individual meets this requirement, please check "Beneficial Owner Not Applicable" box and move to Section III. <input type="checkbox"/> Beneficial Owner Not Applicable			
Beneficial Owner 1 Information:			
Individual First Name:	Middle Initial:	Last Name:	
Street Address (no PO Boxes):		City:	
State/Province:	Zip/Postal Code:	Country:	
Social Security Number (SSN) (US persons only):		Date of Birth:	% of Ownership: %
Non-US persons, please complete the fields below			
Primary ID Type (passport or other):		Number:	
Country:	Date of Issuance:	Exp. Date:	
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:			
Name of Company with Ownership Interest in this Relationship:			

## II. Certification of Beneficial Owner(s) (cont.)

### Beneficial Owner 2 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

### Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

### Beneficial Owner 3 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

### Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

### Beneficial Owner 4 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

### Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

## III. Certified/Agreed To

Check this box if there have been no updates or changes to Individual with Control or Beneficial Ownership information since last completing a Certification Form.

I, \_\_\_\_\_, hereby certify, to  
(Print Name of person opening the account or adding new accounts or services to an established relationship)

the best of my knowledge, that the information provided above is complete and correct.

Signature

**X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE AS INDICATED BY TD PERSONNEL**

**Beneficial Owner \_\_\_\_\_ Information:**

Individual First Name:	Middle Initial:	Last Name:	
Street Address (no PO Boxes):		City:	
State/Province:	Zip/Postal Code:	Country:	
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership:	%

**Non-US persons, please complete the fields below**

Primary ID Type (passport or other):	Number:		
Country:	Date of Issuance:	Exp. Date:	
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , provide the name of the intermediate company below:			
Name of Company with Ownership Interest in this Relationship:			

**Beneficial Owner \_\_\_\_\_ Information:**

Individual First Name:	Middle Initial:	Last Name:	
Street Address (no PO Boxes):		City:	
State/Province:	Zip/Postal Code:	Country:	
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership:	%

**Non-US persons, please complete the fields below**

Primary ID Type (passport or other):	Number:		
Country:	Date of Issuance:	Exp. Date:	
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , provide the name of the intermediate company below:			
Name of Company with Ownership Interest in this Relationship:			

**Beneficial Owner \_\_\_\_\_ Information:**

Individual First Name:	Middle Initial:	Last Name:	
Street Address (no PO Boxes):		City:	
State/Province:	Zip/Postal Code:	Country:	
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership:	%

**Non-US persons, please complete the fields below**

Primary ID Type (passport or other):	Number:		
Country:	Date of Issuance:	Exp. Date:	
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , provide the name of the intermediate company below:			
Name of Company with Ownership Interest in this Relationship:			

## General Instructions

### What is this form?

Federal law requires U.S. financial institutions to obtain, verify, and record information about the beneficial owners of, and individuals with significant control over, legal entities.

A legal entity includes a corporation, limited liability company, partnership and any other similar business entity formed in the United States or a foreign country.

### Who has to complete this form?

This certification form must be completed by the person opening a new account or adding new accounts or services to an established relationship on behalf of a legal entity with any of the following US financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

### What information do you have to provide?

This form requires you to provide the name, address, date of birth and Social Security Number\* for the following individuals:

#### **Individual with Control:**

- **One** individual with significant responsibility for managing the legal entity, such as:
  - o 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
  - o Any other individual who regularly performs similar functions; and

#### **Beneficial Owner:**

- **Each** individual, if any, who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation). *There may be instances where you will be asked to provide this information on 10 percent owners, in accordance with TD policies.*

#### **\*Note**

- For a US person, provide a Social Security Number,
- For a Non-US person (non-US Citizen or Resident Alien), provide a passport number, country and date of issuance and expiration date. In lieu of a passport, non-US persons may also provide the equivalent information regarding any other government-issued form of identification evidencing nationality or residence and bearing a photograph or similar safeguard.

TD Bank may also ask to see a government-issued form of identification (e.g. driver's license, passport, etc.) for each of the individuals listed on this form and record details about the identification (i.e., issuer, dates of issuance and expiration and document number).

***You must notify TD Bank promptly in the event of any change to the information in Section I or II of this form.***

***If there have been no updates or changes to the Individual with Control or Beneficial Ownership information of the legal entity customer since the last time a Certification Form was provided, you may skip Section I and II and move to Section III.***

***Instructions for Store Team Members: Scan and email to [Account, AMCB CIF Account Maintenance Docs](#)***