



GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused 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 (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the legal entity looking to do business or create a relationship with Sutton Bank. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

NOTE:

- **Control Officer section is required. This can be an owner or an appointed Executive of the company.**
- **Beneficial ownership and controlling officer information is not needed for publicly traded companies, Financial Institutions or Government Entities.**
- **Non-Profit Organizations are required to fill out the Control Officer Information section only.**

Name of Vendor:

Vendor Ownership Information				
Principal Information Please provide information for each Principal with 25% or more ownership. <i>If there are Corporate owners or additional Principals, please refer to Exhibit A - Ownership Addendum.</i> If there is no Principal with 25+% ownership, please check here				
#1	Name		Title	
Social Security Number	Date of Birth	% Ownership		Owner Since (MM/YYYY)
Home Address (no P.O. Boxes)		City	State	Zip
Years at this address	Home Phone (include area code)	Cell Phone (include area code)		
#2	Name		Title	
Social Security Number	Date of Birth	% Ownership		Owner Since (MM/YYYY)
Home Address (no P.O. Boxes)		City	State	Zip
Years at this address	Home Phone (include area code)	Cell Phone (include area code)		



#3	Name		Title		
Social Security Number		Date of Birth	% Ownership	Owner Since (MM/YYYY)	
Home Address (no P.O. Boxes)			City	State	Zip
Years at Address	Home Phone (include area code)		Cell Phone (include area code)		
#4	Name		Title		
Social Security Number		Date of Birth	% Ownership	Owner Since (MM/YYYY)	
Home Address (no P.O. Boxes)			City	State	Zip
Years at Address	Home Phone (include area code)		Cell Phone (include area code)		
<i>Please provide a copy of an unexpired passport or government issued picture ID for each individual who is not a resident of the United States.</i>					

Controlling Officer: A person with significant managerial control or influence over a legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Managing Member, General Partner, etc.) For every legal entity client subject to beneficial ownership, you must identify one control person. This information is in addition to the information listed above.

Controlling Officer Information - REQUIRED SECTION					
Name		Title			
Social Security Number		Date of Birth	Is Controlling Officer a 25% or more owner? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete ownership information above.	Owner Since (MM/YYYY)	
Home Address (no P.O. Boxes)			City	State	Zip
Years at this address	Home Phone (include area code)		Cell Phone (include area code)		
<i>Please provide a copy of an unexpired passport or government issued picture ID for each individual who is not a resident of the United States.</i>					

Signature: _____

Print Name: _____

Title: _____

Date of Signature: _____



Exhibit A

Ownership Addendum

To meet the beneficial owner requirement, information on any individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of Program (e.g., each person that owns 25 percent or more of the shares of a corporation) is required.

The owners identified must be natural persons. If Program is owned by another company, a review must be done to determine if any of the owners of that company own 25% or more of Program. This means that Program could need to look through multiple layers of companies to determine whether an actual person is a 25% or more owner of Program.

NOTE: Beneficial ownership and controlling officer information is not needed for publicly traded companies

Principal Information for Corporate Owners

Please provide information for each Company with 25% or more ownership

If there is no Principal with 25+% ownership or if the company is publicly traded, please check here

Corporate Owner Name		% Ownership of Company listed above		
#1	Name	Title		
Home Address (no P.O. Boxes)		City	State	Zip
Phone (include area code)		SSN	Date of Birth	
Ownership % of Corporate Entity				
#2	Name	Title		
Home Address (no P.O. Boxes)		City	State	Zip
Phone (include area code)		SSN	Date of Birth	
Ownership % of Corporate Entity				
#3	Name	Title		
Home Address (no P.O. Boxes)		City	State	Zip
Phone (include area code)		SSN	Date of Birth	
Ownership % of Corporate Entity				
#4	Name	Title		
Home Address (no P.O. Boxes)		City	State	Zip
Phone (include area code)		SSN	Date of Birth	
Ownership % of Corporate Entity				

Signature: _____

Print Name: _____

Title: _____

Date of Signature: _____