



# Beneficial Ownership and Controlling Person of Legal Entity Addendum

## 1. 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 ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who must complete this form?

This form must be completed by a person authorized to sign account documentation on behalf of a **legal entity** for an existing Woodforest Acceptance Solutions merchant account.

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.

### What information do I have to provide?

This form requires you to provide the full legal name, address, date of birth, social security number (or passport number or other similar information, in the case of Non-U.S. Persons), and government-issued identification information for the following individuals (i.e., the **beneficial owners**):

- I. Each individual, if any, who owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 10 percent or more of the shares of a corporation); and
- II. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

**Woodforest Acceptance Solutions will request a copy of a driver's license** or other identifying document for each Beneficial Owner and Controlling Person listed on this form.

**NOTE: DO NOT PROVIDE COPIES OF U.S. MILITARY OR U.S. GOVERNMENTAL DEPARTMENT OR AGENCY ID.**

## 2. Certification of Beneficial Owner (s)

Persons opening an account or maintaining a business relationship on behalf of a legal entity **must** provide the following information:

### A. Person Certifying Form:

The person certifying this form (most often the Authorized Signer) has the rights to sign documentation on this account on behalf of the legal entity to which this account belongs.

Full Legal Name:			
Date of Birth:		Corporate Title:	
Company:			
Work Phone:		Work Email:	

### B. Legal Entity Information:

Full Name of Legal Entity:				
Business Entity Type (e.g., LLC, Corporation, LP)		Federal Tax ID #		
Legal Entity Address (Principal place of business)			Suite/Apt #	
City		State	Zip Code	

### C. Exemptions:

Review the list of entity types below and CHECK the BOX next to *all that apply*.

- 1. Sole Proprietorship
- 2. Unincorporated Associations (such as scout troops or youth sport leagues)  
*(If you only selected item numbered 1 and/or 2, **SKIP** to and complete **section "F"** below)*
- 3. Any legal entity established as a nonprofit, nonstock corporation, or similar entity organized with the proper State authority (this includes charitable, public benefit and other such similar corporations)  
*(If you only selected item numbered 3, **SKIP** to and complete **sections "E"** and **"F"** below)*
- 4. NONE OF THE ABOVE ITEMS APPLY  
*(If you only selected item number 4, you **MUST** complete **sections "D"**, **"E"**, and **"F"** below)*

## D. Beneficial Owners

Please provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or of the legal entity listed above. For ownership held by trusts, please provide the required information for one trustee and ownership percentage held by the trust (if applicable).

\* For US Persons: Provide Social Security Number; For Non-U.S. Persons: Provide Tax Identification Number.

\*\* For US Persons: A State Issued Driver's License or identification card; U.S. Passport; or ID type and number from a U.S. Military ID Card

For Non-U.S. Persons: A valid U.S. Passport, Driver's License or other similar identification number. In lieu of a passport, foreign persons may also provide a valid foreign Driver's License or Passport evidencing nationality or residence and bearing a photography or similar safeguard

**Beneficial Owner Not Applicable**

**Beneficial Owner 1 Information: \_\_\_\_\_ % of Ownership**

Full Legal Name:			Title:	
Date of Birth:		* Social Security Number/TIN:		
Address (Residential Preferred)	Street Address:			
	Suite/Apt #:		City:	
	State:		Country:	
Identification Type: Driver's License Passport	Primary ID State/ Country/Province:		Primary ID Number:	
	Issue Date:		Expiration Date:	

**Beneficial Owner 2 Information: \_\_\_\_\_ % of Ownership**

Full Legal Name:			Title:	
Date of Birth:		* Social Security Number/TIN:		
Address (Residential Preferred)	Street Address:			
	Suite/Apt #:		City:	
	State:		Country:	
Identification Type: Driver's License Passport	Primary ID State/ Country/Province:		Primary ID Number:	
	Issue Date:		Expiration Date:	

## 2. Certification of Beneficial Owner (s) Cont.

### D. Beneficial Owners Cont.

**Beneficial Owner 3 Information: \_\_\_\_\_ % of Ownership**

Full Legal Name:			Title:	
Date of Birth:		* Social Security Number/TIN:		
Address (Residential Preferred)	Street Address:			
	Suite/Apt #:		City:	
	State:		Country:	
Identification Type: Driver's License Passport	Primary ID State/ Country/Province:		Primary ID Number:	
	Issue Date:		Expiration Date:	

**Beneficial Owner 4 Information: \_\_\_\_\_ % of Ownership**

Full Legal Name:			Title:	
Date of Birth:		* Social Security Number/TIN:		
Address (Residential Preferred)	Street Address:			
	Suite/Apt #:		City:	
	State:		Country:	
Identification Type: Driver's License Passport	Primary ID State/ Country/Province:		Primary ID Number:	
	Issue Date:		Expiration Date:	

## 2. Certification of Beneficial Owner (s) Cont.

### E. Controlling Person:

You **MUST** provide one individual with significant responsibility for managing the legal entity listed above, such as:

- 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
- Any other individual who regularly performs similar functions.

*(If appropriate, an individual listed under section (D) above may also be listed in this section (E)).*

\* For US Persons: Provide Social Security Number; For Non-U.S. Persons: Provide Tax Identification Number.

\*\* For US Persons: A State Issued Driver's License or identification card; U.S. Passport; or ID type and number from a U.S. Military ID Card;

For Non-U.S. Persons: A valid U.S. Passport, Driver's License or other similar identification number. In lieu of a passport, foreign persons may also provide a valid foreign Driver's License or Passport evidencing nationality or residence and bearing a photography or similar safeguard

**NOTE: DO NOT PROVIDE COPIES OF U.S. MILITARY OR U.S. GOVERNMENTAL DEPARTMENT OR AGENCY ID.**

#### Individual with Control Information:

Full Legal Name:			Title:	
Date of Birth:		* Social Security Number/TIN:		
Address (Residential Preferred)	Street Address:			
	Suite/Apt #:		City:	
	State:		Country:	
Identification Type: Driver's License Passport	Primary ID State/ Country/Province:		Primary ID Number:	
	Issue Date:		Expiration Date:	

### F. Certification:

I, \_\_\_\_\_ (name of person signing this form provided in Section 2.A), hereby certify, to the best of my knowledge, that the information provided above is complete and correct and agree to notify Woodforest Acceptance Solutions of any change in such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_