



Certification of Beneficial Owners of Legal Entities

A. Bank Information

Department/Branch:	Bank Employee Name:

B. Customer Information

Person(s) opening an account on behalf of a legal entity must provide the following information:

Name of Legal Entity:	Legal Entity CIS # or EIN #:
Name of Natural Person Opening Account:	Title of Natural Person Opening Account:
Physical Address of Legal Entity:	
Type of Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Similar Entities Formed Under Laws of Other Countries <input type="checkbox"/> None of These	

C. Full Exemption - Please identify if the above listed legal entity is one of the following, as it is exempt from the Beneficial Ownership Rule. If any checked in this Section → skip to Section G.

- Sole Proprietor
- Unincorporated Association (such as scout troops or youth sport leagues)
- Estates
- Publicly traded business with stock listed on NY, American or NASDAQ stock exchange (Walmart, Rite Aid, GAP, etc.)
- Federal or State regulated Financial Institutions
- Bank or Savings & Loan Holding Companies
- U.S. State Departments or Agencies
- Issuers of a class of securities under Section 12 of Securities Exchange Act
- Investment Companies or Advisors registered with SEC
- Trusts – Non-Statutory - The exclusion would generally cover trusts created by contract, irrevocable trusts, generation skipping trusts, life insurance trusts; etc. Business trusts that are required to register with the Secretary of State’s Office ARE NOT exempt.
- Registered Public accounting firms registered under section 102 of the Sarbanes–Oxley Act. (e.g., Deloitte, Ernst & Young)

D. Partial Exemption - Please identify if the above listed legal entity is one of the following:

If checked → skip to Section F:

- Pooled Investment Vehicles (Operated or advised by a financial institution not otherwise Excluded)
- Non- Profit or Charitable Corporation

E. If no box is checked above under Section C (Exempt) or Section D (Partial Exemption), please provide the following Beneficial Ownership information for each individual, *if any*, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 20% or more of the equity interests of the legal entity listed above.

No individual(s) meet this definition? Beneficial Ownership not Applicable → Skip to Section F

OWNERSHIP PRONG						
Name	Date of Birth	Residential Address/Business Street Address	SSN <small>(US Persons)</small>	Government Issued ID <small>(US Persons)</small> OR Passport	ID Issue & Expiration Dates	ID Verification Method
First: Last:		Street: City: State & Zip Code:		ID Type: ID Number: Country of Issuance:	Issued Date: Expiration Date:	<input type="checkbox"/> In person <input type="checkbox"/> Photocopy
First: Last:		Street: City: State & Zip Code:		ID Type: ID Number: Country of Issuance:	Issued Date: Expiration Date:	<input type="checkbox"/> In person <input type="checkbox"/> Photocopy
First: Last:		Street: City: State & Zip Code:		ID Type: ID Number: Country of Issuance:	Issued Date: Expiration Date:	<input type="checkbox"/> In person <input type="checkbox"/> Photocopy
First: Last:		Street: City: State & Zip Code:		ID Type: ID Number: Country of Issuance:	Issued Date: Expiration Date:	<input type="checkbox"/> In person <input type="checkbox"/> Photocopy
First: Last:		Street: City: State & Zip Code:		ID Type: ID Number: Country of Issuance:	Issued Date: Expiration Date:	<input type="checkbox"/> In person <input type="checkbox"/> Photocopy

F. Control Information

Provide the following Control Information (for any non-exempt entity) below for 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 in Section E – Ownership Prong above may also be listed below).

CONTROL PRONG						
Name	Date of Birth	Residential Address/Business Street Address	SSN (US Persons)	Government Issued ID (US Persons) OR Passport	ID Issue & Expiration Dates	ID Verification Method
First:		Street:		ID Type:	Issued Date:	<input type="checkbox"/> In person
Last:		City:		ID Number:	Expiration Date:	<input type="checkbox"/> Photocopy
		State & Zip Code:		Country of Issuance:		

G. Certification

REQUIRED for Partially Exempt AND Non-Exempt Entities*

_____ (name of natural person opening account or performing triggering event),
 Hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Additionally, in instances where this entity has Certificate of Deposit and/or Loan account(s) that may renew or rollover, I/we agree to notify Berkshire Bank of any change in Beneficial Ownership information.

Applicable Certificate and/or Loan account number(s)

Signature: _____ Date: _____

*Exempt Entities are not required to sign to certify exempt status