



Account Number(s): _____ Business EIN/TIN: _____

Name of Business or Legal Entity: _____

Certification of Beneficial Owner(s)

SECTION 1: Information about the person opening the account on behalf of the business

Full Name:
Home Address:
City:
State:
Zip Code:
Relationship to Business:

SECTION 2: Information about the owner(s) of the business (25% or more) If there are no owners with 25% or more ownership, check the following box and proceed to Section 3. Otherwise, please list all owners with 25% or more ownership in this section.

No owners with 25% or more ownership of the business.

Beneficial Owner 1	Beneficial Owner 2
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Home Address:	Home Address:
City & State:	City & State:
Zip Code:	Zip Code:
Social Security Number:	Social Security Number:
Percentage ownership of the company:	Percentage ownership of the company:
Beneficial Owner 3	Beneficial Owner 4
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Home Address:	Home Address:
City & State:	City & State:
Zip Code:	Zip Code:
Social Security Number:	Social Security Number:
Percentage ownership of the company:	Percentage ownership of the company:

Section 3: Information about the Control Person for the company

Full Name and Title:	HawaiiUSA FCU Use Only
Date of Birth:	Completed by (Name/Teller#):
Home Address:	Reviewed by (Name/Teller#):
City & State:	Branch #:
State:	Date: <input type="checkbox"/>
Zip Code:	Was an OFAC check performed on all Beneficial Owners and the Control Person listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	

Section 4: Attestation

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Instructions:

Important Information: This form is not required for Sole Proprietorship accounts

Definitions:

Beneficial Owner: Any individual who owns 25% or more of a legal entity. All owners must be US citizens with valid identification and social security number. Use ONLY ONE OWNER or NO ONE WITH 25% OWNERSHIP on Beneficial Owner 1 section if applicable.

Control Person: An individual who has significant responsibility to control, manage, or direct a legal entity including CEO, CFO, Member, Partner, etc.

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.

SECTION 1: Information about the person opening the account on behalf of the business

Full Name - Enter the full name of the person who is opening the account. Ex: Jane E. Doe

Home Address - Enter the street name and number of the account opener's home address. **Note:** Do not enter a P.O. box number. Ex: 1234 Main St.

City - Enter the full city name of the account opener's home address. **Note:** Do not abbreviate the city name such as "Hon" for Honolulu or "PC" for Pearl City

State - Enter the state of the account opener's home address. **Note:** Official state abbreviations may be used. Ex: HI

Zip Code - Enter the five or nine digit zip code of the account opener's home address. Ex: 96817 or 96817- 3946

Relationship to business - Enter the account opener's title or other relationship to the business. Ex: Owner, CEO, Secretary, Lawyer, etc.

SECTION 2: Information about the owner(s) of the business

Full Name - Enter the owner's full name, including middle initial if applicable. **Date of**

birth - Enter the owner's date of birth.

Home Address - Enter the street name and number of the owner's home address. Do not enter a P.O. box number. Ex: 1234 Main St

City - Enter the full city name of the owner's home address. **Note:** Do not abbreviate the city name such as "Hon" for Honolulu or "PC" for Pearl City

State - Enter the state of the owner's home address. Note: Official state abbreviations may be used. Ex: HI

Zip Code - Enter the five or nine digit zip code of the owner's home address. Ex: 96817 or 96817-3946 **Social Security**

Number - Enter the social security number of the owner. **Note:** All business owners must be US citizens with a valid social security number.

Percentage ownership of the company - Enter a value between 25% and 100%. If no individual owns at least 25% of this business, skip to section 3.

Section 3: Information about the Control Person for the company

Note: If the control person is the same as one of the beneficial owners listed in Section 2, enter "same as owner #" and proceed to Section 4. Otherwise, please provide all information in Section 3.

Full Name and Title - Enter the full name and title of the control person for this business. Ex: John C. Doe, CFO **Date of**

birth - Enter the date of birth of the control person.

Home Address - Enter the street name and number of the control person's home address. Do not enter a P.O. box number. Ex: 1234 Main St

City - Enter the full city name of the control person's home address. **Note:** Do not abbreviate the city name such as "Hon" for Honolulu or "PC" for Pearl City

State - Enter the state of the control person's home address. **Note:** Official state abbreviations may be used. Ex: HI

Zip Code - Enter the five or nine digit zip code of the control person's home address. Ex: 96817 or 96817- 3946 **Social**

Security Number - Enter the social security number of the control person.

Section 4: Attestation

_____ - Enter the name of the person who is opening the account.

Signature - The person opening the account on behalf of the business must sign the form in this space.

Date - Enter the date on which the form was signed by the person opening the account. This date may be different than the date on which the account was opened.