

Name of Natural Person Opening Account:	Title of Natural Person Opening Account:	Name of Legal Entity for Which the Account is Being Opened:	Type of Legal Entity for Which the Account is Being Opened:	EIN: <input type="text"/>	Physical Address of Legal Entity For Which the Account is Being Opened:
First Name:					Street:
Last Name:					City, State & Zip:

**I: 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 person opening a new account on behalf of a legal entity with any of the following U.S. 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.

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 of similar office, a general partnership, and any similar business entity formed in 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?***

The form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the beneficial owners):

**(i)** Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 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).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., The President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Completed By: \_\_\_\_\_

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

**II. Certification of Beneficial Owner(s):**

Provide the following information for each individual, if any, who, directly or indirectly, through any contract arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed on the previous page:

Name of Individual	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance or Other Similar Identification Number**
First Name: Last Name:		Street: City, State & Zip:		Number: Country of Issuance:
First Name: Last Name:		Street: City, State & Zip:		Number: Country of Issuance:
First Name: Last Name:		Street: City, State & Zip:		Number: Country of Issuance:
First Name: Last Name:		Street: City, State & Zip:		Number: Country of Issuance:

If checked, Beneficial Owner listing requirement is not applicable for the following reason:

No individual owns 25 percent or more of the legal entity.

The entity is a non-profit.

\*\* In lieu of a passport number, Non-U.S. persons may also provide a Social Security number, an alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**II. Certification of Beneficial Owner(s) Continued:**

Provide the following information for one individual with significant responsibility for managing the legal entity listed on the previous page, 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 the ownership section on the previous page may also be listed in the section below.

Name & Title of Individual	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number, Country of Issuance or Other Similar Identification Number**
First Name:  Last Name:  Title:		Street:  City, State & Zip:		Number:  Country of Issuance:

I, \_\_\_\_\_, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify Kennebec Savings Bank of any future changes to any of beneficial ownership information that I have provided.

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

Legal Entity Identifier (optional): \_\_\_\_\_

**For Kennebec Savings Bank Use Only:**

Name of Individual	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date
Name 1:					
Name 2:					
Name 3:					
Name 4:					
Control:					