

Corporate Headquarters - 3131 N I 10 Service Rd E Suite 313 | Metairie, LA 70002 | 504.733.7274 beonpath.org

			LA 70002 504.733.7274 k						
			Certification of Benefi	` '					
Pe	rsons opening an acco	unt on beh	alf of a Legal Entity must pr	ovide the follow	ing informa	ition:			
a.	Name and Title of Natural	Person oper	ning account:		Account #:				
b.	Name and Address of Legal Entity for which the account is being opened:								
C.	The following information for each individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above:								
	Name	Date o	of Address (Residential or	For U.S.	For Fore	ign Persons:	% of		
		Birth	Business Street Address)	Persons: Social	Passport #	and Country of	Ownership		
				Security #		uance ¹	·		
-									
			olease explain any layers of Bene ohn Doe; therefore, John is a 25°			ole, ABC Co. is 5	0% owned		
d.	-		idual with significant responsibility er (e.g. Chief Executive Officer,		-				
			/ice President, Treasurer); or,			porating emisor,	managing		
	Any other individual who rebe listed in this section (d)		forms similar functions. (If approp	oriate, an individual	listed under	section (c) above	e may also		
	Name	Date of Birth	Address (Residential or Business Address)		Persons: Security #	For Foreign F Passport # and Issuand	Country of		
I, _	owledge, that the informat	ion provide	(name of natural pe	rson opening acc	ount), hereby	certify, to the b	pest of my		
Siç	gnature:			Date:					
	gal Entity Identifier			(Optional)					
_6	ga. Enary Identifier		Beneficial Owner Veri	fication					

¹ In lieu of a passport number, foreign persons may also provide 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.

For internal use ONLY.

Beneficial Owner #1:			
Driver's License Number, or Other Identifying	Document:		
State (or Country) of Issue:	; Issue Date:	; Expire Date:	
Secondary Form of Identification:			
□ OFAC Check Comments (if applicable):			
Beneficial Owner #2:			
Driver's License Number, or Other Identifying	Document:		
State (or Country) of Issue:	; Issue Date:	; Expire Date:	
Secondary Form of Identification:			
☐ OFAC Check Comments (if applicable):			
Beneficial Owner #3:			
Driver's License Number, or Other Identifying	Document:		
		; Expire Date:	
Secondary Form of Identification:			
☐ OFAC Check Comments (if applicable):			
Beneficial Owner #4:			
Driver's License Number, or Other Identifying	Document:		
		; Expire Date:	
Secondary Form of Identification:			
☐ OFAC Check Comments (if applicable):			
Individual with Control:			
Driver's License Number, or Other Identifying	Document:		
		; Expire Date:	
Secondary Form of Identification:			
OFAC Check Comments (if applicable):			
Comments:			