

Beneficial Ownership Information Form

Financial Institution

Synovus Bank
1148 Broadway
Columbus, GA 31901

Synovus Contact Person

Synovus Contact Phone

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 and returned to Synovus Bank by the person opening a new account** on behalf of a legal entity.

Note: A copy of the Synovus approved ID(s) recorded on this form must be provided.

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 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** and **Control Person**):

- i) **Beneficial Owner** - 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) **Control Person** - 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 25% 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.

Beneficial Ownership Information Form

A. CUSTOMER INFORMATION

Name of Legal Entity for which the account is being opened:	
Type of Legal Entity:	Legal Entity Tax ID Number:
Physical Address of Legal Entity for which the account is being opened:	

B. PRINCIPAL INFORMATION

Please Check All That Apply

Beneficial Owner _____%Ownership	Control Person	Certifying Person (natural person opening the account)	
Title (if control person or certifying person)			
Full Name			
Date of Birth			
Address (Residential or Business Street Address, City, State, & Zip)			
Social Security Number			
Primary Form of identification Driver's License Other ¹ :	Document ID Number:		Date of Issuance:
	Place of Issuance:		Expiration Date:
Non-US Person	ID Type:		
Passport Number and country of issuance, social security number, or other similar identification number ¹	Number:		
	Country of Issuance:		

Please Check All That Apply

Beneficial Owner _____%Ownership	Control Person	Certifying Person (natural person opening the account)	
Title (if control person or certifying person)			
Full Name			
Date of Birth			
Address (Residential or Business Street Address, City, State, & Zip)			
Social Security Number			
Primary Form of identification Driver's License Other ¹ :	Document ID Number:		Date of Issuance:
	Place of Issuance:		Expiration Date:
Non-US Person	ID Type:		
Passport Number and country of issuance, social security number, or other similar identification number ¹	Number:		
	Country of Issuance:		

¹In 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.

B. PRINCIPAL INFORMATION

Please Check All That Apply

Beneficial Owner _____%Ownership	Control Person	Certifying Person (natural person opening the account)	
Title (if control person or certifying person)			
Full Name			
Date of Birth			
Address (Residential or Business Street Address, City, State, & Zip)			
Social Security Number			
Primary Form of identification	Document ID Number:		Date of Issuance:
Driver's License Other ¹ :	Place of Issuance:		Expiration Date:
Non-US Person	ID Type:		
Passport Number and country of issuance, social security number, or other similar identification number ¹	Number:		
	Country of Issuance:		

Please Check All That Apply

Beneficial Owner _____%Ownership	Control Person	Certifying Person (natural person opening the account)	
Title (if control person or certifying person)			
Full Name			
Date of Birth			
Address (Residential or Business Street Address, City, State, & Zip)			
Social Security Number			
Primary Form of identification	Document ID Number:		Date of Issuance:
Driver's License Other ¹ :	Place of Issuance:		Expiration Date:
Non-US Person	ID Type:		
Passport Number and country of issuance, social security number, or other similar identification number ¹	Number:		
	Country of Issuance:		

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Beneficial Owner _____%Ownership	Control Person	Certifying Person (natural person opening the account)	
Title (if control person or certifying person)			
Full Name			
Date of Birth			
Address (Residential or Business Street Address, City, State, & Zip)			
Social Security Number			
Primary Form of identification	Document ID Number:		Date of Issuance:
Driver's License Other ¹ :	Place of Issuance:		Expiration Date:
Non-US Person	ID Type:		
Passport Number and country of issuance, social security number, or other similar identification number ¹	Number:		
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