

# **CERTIFICATION OF BENEFICIAL OWNER(S)**

LEGAL ENTITY INFORMATION	
LEGAL ENTITY NAME AND ADDRESS:	PERSON OPENING ACCOUNT ON BEHALF OF THE LEGAL ENTITY:
Account Name:	Name:
Street Address:	Title:
City/State/Zip:	
PERSON WITH SIGNIFICANT RESPONSI	BILITY FOR MANAGING THE LEGAL ENTITY (REQUIRED)
The following information is <u>required</u> legal entity listed above, such as:	for one individual with significant responsibility for managing the
	nanager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Op- ber, General Partner, President, Vice President, Treasurer); or
Any other individual who regula	arly performs similar functions.
Name:	Title:
Social Security Number:	Date of Birth:
Residential Address (PO Box not allowed	l):
Driver's License #:	State Issued:
Issuance Date:	Expiration Date:
BENEFICIAL OWNER(S)	
	or each individual, if any, who directly or indirectly, through any g, relationship or otherwise, owns <mark>25 percent</mark> or more of the equity
<ul> <li>If appropriate, the individual lis legal entity may also be include</li> </ul>	ted above as a person with significant responsibility for managing the ed in this section.
<ul> <li>If no individual meets this defined</li> </ul>	nition, please write "Not Applicable".
Name:	Percentage of Ownership :
Social Security Number:	Date of Birth:
Residential Address (PO Box not allowed	l):
City/State/Zip:	
	State Issued:
Issuance Date:	Expiration Date:
C REV 10/2024	



# **CERTIFICATION OF BENEFICIAL OWNER(S)**

701 S. Taylor, LB 110 Amarillo, TX 79101 (800) 486-6888 Fax (806) 655-2490 info@goldstartrust.com

### **BENEFICIAL OWNER(S) CONTINUED**

Name:	_ Percentage of Ownership :	
Social Security Number:	Date of Birth:	
Residential Address (PO Box not allowed):		
City/State/Zip:		
Driver's License #:	State Issued:	
	Expiration Date:	
	_ Percentage of Ownership :	
Social Security Number:	Date of Birth:	
Residential Address (PO Box not allowed):		
City/State/Zip:		
Driver's License #:	State Issued:	
Issuance Date:	Expiration Date:	
Name:	_ Percentage of Ownership :	
Social Security Number:	Date of Birth:	
Residential Address (PO Box not allowed):		
City/State/Zip:		
Driver's License #:	State Issued:	
Issuance Date:	Expiration Date:	
SIGNATURE OF PERSON OPENING THE ACCOUNT ON BEHALF OF THE LEGAL ENTITY		
I hereby declare that the information provided above is complete and correct to the best of my knowledge.		
Signature:	Date:	



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#### GENERAL INSTRUCTIONS FOR THE CERTIFICATION OF BENEFICIAL OWNER(S) FORM

#### 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 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, Social Security number and driver's license information 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 Beneficial Owner(s) section, 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 the Beneficial Owner(s) section, you must provide the identifying information of one individual under the Person with Significant Responsibility for Managing the Legal Entity section.

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 the Person with Significant Responsibility for Managing the Legal Entity section), and up to five individuals (i.e., one individual under the Person with Significant Responsibility for Managing the Legal Entity section and four 25 percent equity holders under the Beneficial Owner(s) section). 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.