

## Certification of Beneficial Owner(s)

Member #, if applicable: \_\_\_\_\_

1. Legal Name of Person Opening Account: \_\_\_\_\_
2. Title of Person Opening Account: \_\_\_\_\_
3. Business Full Legal Name: \_\_\_\_\_
4. Business Full Address, City, State, Zip: \_\_\_\_\_
5. Do you intend to do any type of Internet gambling with this account?     Yes     No
6. Beneficial Owners (complete the following information for **each** individual who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **25%** or more of the equity interests of the above listed business.)

**If no individual meets this definition, specify "Not Applicable." Non-Profits can be marked N/A**

Full Legal Name	Full Address, City, State, Zip	SSN	Date of Birth	Percentage %

7. Controlling Person (this is needed for every type of business account; complete the following information for **one** individual with significant responsibility for managing the above listed business, ex. executive officer (CEO, CFO, and COO), senior manager, director, controller, or any other individual who regularly performs similar functions.)

**If appropriate, an individual listed under section (6) above may also be listed in this section (7).**

Full Legal Name	Title	Full Address, City, State, Zip	SSN	Date of Birth

I, \_\_\_\_\_ hereby certify, to the best of my knowledge, that the information provided above is complete and correct AND that the above named business will not use the account to process unlawful internet gambling transactions. If it is determined that unlawful internet gambling transactions are being processed the business account is subject to immediate closure.

Additionally, if the ownership and/or controlling person changes from the information listed above, I will notify Capital Credit Union in writing of the changes.

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