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Under 31 U.S.C. § 5326(a), the Treasury Department's Financial Crimes Enforcement Network (FinCEN) issued a Geographic Targeting Order to title insurance companies requiring the collection of beneficial ownership information for certain real estate transactions.

Please complete the below questionnaire. This Company will rely on the answers provided to meet its reporting obligations.

Who is completing this form?

Name	Position/Title		Company/Law F	irm
Postal Address (Headquarters)	City	State	Zip	EIN Number
Phone	E-Mail		Fax	License #

Transactional Information

☐ Certified checks(s)

☐ Wire or other funds transfer(s)

Property Address (If multiple propert	ies see NOTE be	elow):			
City		State	Zip		County
Date of Settlement	Total purchas \$	e price <i>(lj</i>	f multi	iple pro	perties see NOTE below)
Type of Transaction: ☐ Residential (1-4 family) ☐ Commercial Bank Financing: ☐ Yes ☐ No					Financing: 🗆 Yes 🗀 No
Purchaser type: ☐ Natural Person ☐ Corporation ☐ LLC ☐ Partnership ☐ Trust ☐ Other					nip 🗆 Trust 🗆 Other
NOTE: If more than one property is pur	chased, list eac	h address	and p	ourchas	e price on an addendum.
Purchase Funds Information					
Total Amount paid by below instrume	ents: \$				
Which type of Monetary Instruments	were used (Us	e check b	oxes Ł	pelow)	
\square U.S. Currency (Paper money &	coin)				
☐ Foreign Currency		Country:			
☐ Cashier's check (s)		□ Мо	oney c	orders(s	:)

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☐ Personal or Business check(s)

☐ Virtual Currency



State

Zip

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Address

Individual Primarily Representing Purchaser

(Defined as the individual authorized by the entity to enter into legally binding contracts).

Attach Legible cop	y of government issued	ident	tification (i.e. passport, driver'	s lice	ense, et	c.)
TRUSTS ONLY – Ir	ndicate who conducted	the tr	ransaction: Trustee Set	tlor	□ Ot	her
Type of ID			Issuing State or Country	%	of own	ership interest
Last Name Fire		Firs	First Name			M.I.
Date of Birth	ate of Birth Occupation		Taxpayer ID Number or EIN (if none* enter reason code from below)			
Address		City	у		State	Zip
Purchasing En	tity's Name & Add	ress	1			
Name of Purchasi	ing Entity					
Taxpayer ID Num	· · ·		Doing Business Na	me	(DBA) (If none write N/A)

Complete the following pages if the real estate purchase is being made by a corporation, LLC, partnership, other legal entity or trust.

City

For Corporations, LLCs, Partnerships and Other Entities provide the information for:

• Each **BENEFICIAL OWNER** who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser. If a or a series of legal entities is the beneficial owner of the Purchaser, provide information for the ultimate beneficial owner of all the legal entities.

For Trusts provide the information for:

Trustee, settlor and EACH beneficiary of the trust. If the trustee, settlor or a beneficiary is a
legal entity, provide information for the entity and the ultimate beneficial owner that directly or
indirectly owns 25% or more of that entity.

(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID submitted to the title underwriter.)

*REASON CODES FOR <u>NO</u> TIN OR EIN - Enter one reason no. in Taxpay ID Number or EIN box:

- 1. Does not have income effectively connected with the conduct of a U.S. trade or business;
- 2. Does not have an office or place of business, or a fiscal or paying agent in the U.S.;
- 3. Does not furnish a withholding certificate described in §1.1441-1(e)(2) or (3) or §1.1441-5(c)(2)(iv) or (3)(iii) to the extent required under §1.1441-1(e)(4)(vii); or
- 4. Does not have to furnish a TIN on any return, statement, or other document as required by the income tax regulations under section 897 or 1445.



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Type of ID		Issuing State or Country	% of owne	ership interest
Last Name		First Name		M.I.
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none* enter reason code from page 2)		
Address		City	State	Zip

Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)					
Type of ID		Issuing State or Country % of owr		ership interest	
Last Name		First Name		M.I.	
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none* enter reason code from page 2)			
Address		City	State	Zip	

Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)					
Type of ID		Issuing State or Country	% of owne	ership interest	
Last Name		First Name		M.I.	
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none* enter reason code from page 2)			
Address		City	State	Zip	

Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)					
Type of ID		Issuing State or Country	% of owne	ership interest	
Last Name		First Name		M.I.	
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none* enter reason code from page 2)			
Address		City	State	Zip	



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Attach Legible copy of government issued identification (i.e. passport, driver's license, etc.)					
Type of ID		Issuing State or Country	% of owne	ership interest	
Last Name		First Name		M.I.	
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none* enter reason code from page			
Address		City	State	Zip	

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Last Name		First Name		M.I.	
Date of Birth	Occupation	Taxpayer ID Number or EIN (if none* enter reason code from page 2)			
Address		City	State	Zip	

I declare that to the best of my knowledge, the information I have furnished is true, correct and complete. I understand that this Title Company will rely on this information for the purposes of completing any reports made pursuant to an obligation under 31 U.S.C. § 5326(a),

Signature:	Date:
Type or Print Name:	Title: